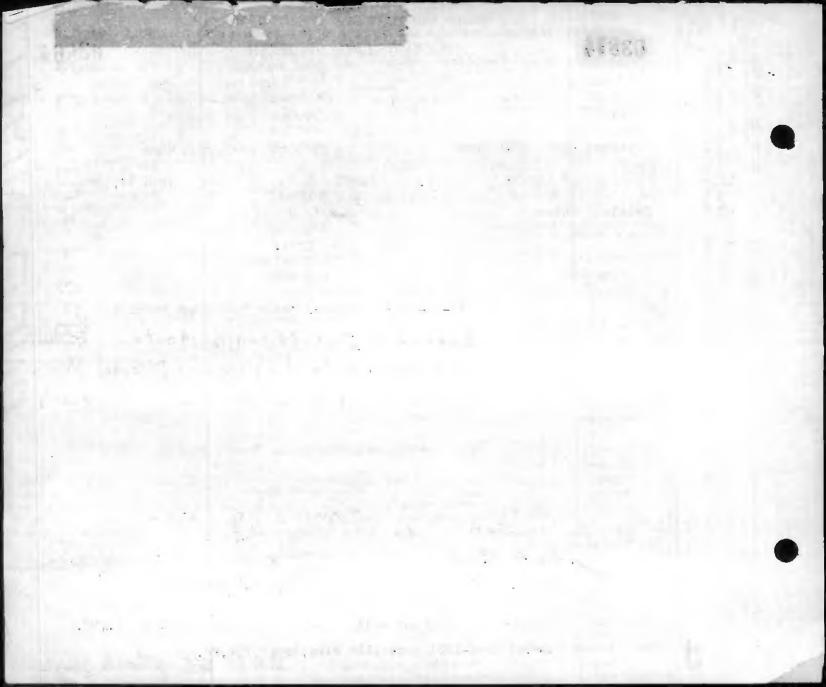
death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove to hope papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The faw requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0004		T 1	CERTIFIC	AL	E UF DEALF	and a			100	hid	
1. PL a.	I. PLACE OF DEATH a. COUNTY Montgomery  MARYLAND					2. USUAL RESIDENCE B. STATE ATY			stitution: R		before ad	Imission
b.	Write RURAL Potomac	N (if outside corpora and give nearest tow	te limits, vn)	c. LENGTH DF STAY I	N 1b	c. CITY DR TOWN (IF	outside cor Bethe		rite RURAL	and giv	e neares	t town)
d.	NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in h	ospital, give street add	iress)	d. STREET ADDRESS				0	IS RES	
		c Manor Res	st Home			1/2/4/4/4/V	apply / A	delt thomas		Y	ON A F	NO X
DE	AME DF ECEASED ype or print)	CARRIE	irst	Middle E. A	DAM	Last 3	4. DATE DF DEATE	Mont March		Day 966	Yea 19	ar
5. SE	Female	6. COLOR OR RACE White	7. MARRIED WIDDWED		_X	9/1/80	9.	AGE (In years last birthday) 85	IF UNDER Months	1 YEAR	FUNDER Hours	MID.
10a, US during	SUAL OCCUPAT most of work	IDN (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR		Mass.	ounty & State		12. 00	TIZEN COUNTRY?	F WHAT	
13. F	ATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAME					
	UNKIK	NOWN				UNKNOWN						
15. W. (Yes, n	no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	of service)	SOCIAL SECURITY NO.		INFORMANT tomac Manor	Rest I	Addre				
Co	PART I. DE 4201 conditions, If ave rise to	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate	(a) C TO Hy		I	nsufficient Cardio K				Si	VAL BETT AND TO	DEATH くり、
na.	ause (a), sinderlying caus	e last.	(c) Ge		-	rterioSc.			DART 140	14	A/S	-
CERTIFICATION	an i ii. Orijen 3	II GAIFIGAAT COAD(TI	ONS GONTKIDE	THAG TO DEATH BUT NO	IKELA	IED TO THE TERMINAL L	DISEASE CON	DITION GIVEN IN	PAR ( 1(a)		PERFOR	
	Da. ACCIDENT R CONTRIBUTI F EITHER, NOT	WAS UNDERLYING DING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY	DCCU	RRED, (Enter nature of	f injury in Pa	art   or Part    c	of Item 18.	)		
MEDICAL 20	oc. TIME DF I Hour a.n p.n		Year 20d. I While at work	- Not While -		DE DF INJURY (Home, fa ry, street, office bldg., e		(City or town)	(Cou	nty)	(S	State)
	saw the dec	eased alive on	oital) attend	ed the deceased fro 1966, an		death occurred at-	9.56 to.	Do the causes	and on th	ne date	stated	above
	2a. SIGNATUR	John s.	Bal	e	M.D	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.	3/	14/	66	
1	NAME PTY		Ball	Water State of the		Bethesda	, Mary	land				
C	REMOVAL (Spe Crematio	on $ 3/15/6 $		23c. NAME OF CEM			Princ	CATION (City, to	Co	Md.	,	ate)
yso	n Wheel	ler Funeral	Home-]	ADDRESS 1331 Rockvil	le	Pike, Reckyi	.11e,Mc	STRAR 25b. R	EGISTRAR'	S SIGNA	TURE	
						1415417	TO	100	To May	7 yell	1	

VR A15 (4) 20M 1/65



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Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13865

		V 31 U
1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Maryland b. COUNTY Mon	esidence before admission) ntgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Kensington	Chevy Chase	1/5-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	0. IS RESIDENCE ON A FARM?
Kensington Gardens Nursing Home		YES NO
	EXANDER   4. DATE   Month   OF   DEATH   Mar.   22	Day Year 19 66
7. MONNIED NEVER MANNIED	B. DATE OF BIRTH  9. AGE (in years   FUNDER last birthday)  85 yrs.  2	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  Housewife	11. BIRTHPLACE (County & State, or foreign country)   12. C	UNTRY2
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Taylor	Martha Holland	
(Yes, no, or unknwn) (If yes pive war or dates of service)	INFORMANT Daughter Same as	s Item 2.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PREUMONia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) arterioscleros	is	10 yrs
cause (a), stating the DUE TO underlying cause last. (c)		
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUITED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	RRED. (Enter nature of Injury in Part I or Part II of Item 18.	)
Hour a.m.  p.m.  19 While Not While factor	CE DF INJURY (Home, farm, 2Df. (City or town) (Coury, street, office bldg., etc.)	inty) (State)
saw the deceased alive on 22 March 19.66, and that		he date stated above.
22a. SIGNATURE Offill Cley M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 3-2	3-66
NAME (Type) JOHN M. WYMAN	7801 Norfolk Ave., Bethe	sda, Md.
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY Burial 3-24-66 Natl. Mem. Pa	ark Falls Church.	Virginia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
ROBERT A. PUMPHREY Bethesda, Md.	· DAMAR 28 1958 Action	as Judge

VR A15 (4) 20M 1/65

24380 ALCOHOLD ST. Post | Jamus L. State | Post | the state of the s The second second A SWILL ME NOW. Porton Company of the EST TENENT g 1927 A 2 10 12 17 G A 2 2 2 2 2 10 30 E 25 The state of the s And the Contract of the Contra

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 836 CERTIFICATE OF DEATH funera PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. COUNTY a. STATE 一古 omerc c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY DR TOWN (If outside dorporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Page papers. Pag nin 72 hours okkazzzzSilver exexxbexes WashingtongtDat C. = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled B. IS RESIDENCE St. Farragut ON A FARM? Thon pap ND X 10 etaly 3. NAME OF 4. DATE Middle Day Year Month DECEASED comple event 3 (Type or print) DEATH Oscar SOR ШОЭ remoye SEX 6. COLDR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED [ NEVER MARRIED last birthday) | Months | Days Hours any 12 WIDOWED 3 DIVORCED 1Da. USUAL DCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT an lease during most of working life, even if retired) INDUSTRY COUNTRY? attinding physici rmit. Then pleas Mechanical Engineer Washington. pertificate - 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME John S. Allison Elfrida Holmes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 540 Prescott Rd. permit. 10 (Yes, no, or unkown) | (If yes give war or dates of service) death Elmer E.Allison Merion Station, Pa. been signed by the atti-the burial-transit permi or to burial, cremation, o WW#7 Yes none 18. CAUSE OF DEATH [Enter only one gayse per line for (a), (b), and (c).] that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. DTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY for use Health I PERFORMED? certificate CERTIFICATI NO K hospital 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE ROW INJURY OCCURRED. (Enterwature of injury in Part I or Part II of Item 18. 94 detached e Dept. d this WEDICAL 2Dc. TIME DF INJURY Month, Day, Year | 2Dd. INJURY DCCURRED | 2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While After Id be d Stat at work at work D.m. retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at L M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNE 22b. page ATTENDING PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S HOSPITAL FUNERAL 22c. ADDRESS director, p 220. . NAME (Type) should Curr John J. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMDVAL (Specify) 9 Cedar Hill Cemetery-Prince burial FUNERAL DIRECTOR 9 Georges Co. REC'D BY REGISTRAR 25b. VR A15 (4) 2DM 1/65

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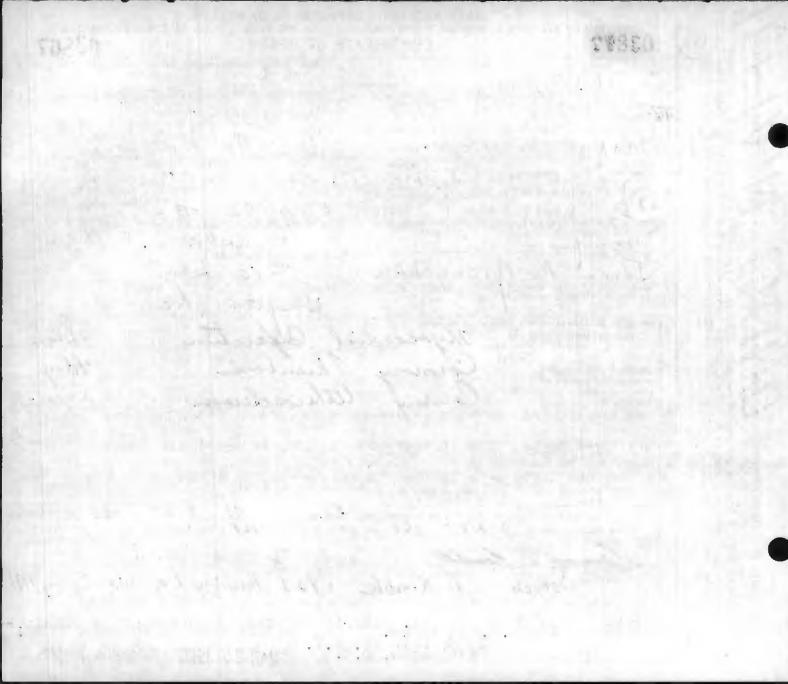
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after deaph.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
03877	RESEARCH AND RECORDS, 301 W. PRESTON STREET,  CERTIFICATE OF DEATH	03867

		la de la constante de la const
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
1/10/10/0 mery MARYLAND	100	*
b. CITY OR TOWN (If outside corporate limit) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
WAROMA PARK ' Hays	WASHLAIC TON'	47.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
WAS HINGTON SAN, VHOSP,		YES NO
3. NAME OF DECEASED (Type or print) ETHELLarrie and		27 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IFUNDER last birthday)   Months	Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. C	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	D CC	UNTRYZ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	034
James Mc araunahan	Eva Law	
15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT D Address	/
(Yes, no, or unkown) (If yes give war or dates of pervice)	Hospital Lecord	1
18. CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c).]	0 0/1 t-	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Myocardia	f Infarction	Hours.
4201 DUE TO 0	11) 1	110
Conditions, If any, which (b) alonary	Kromboses	TORKE
gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Covernacy	Otherosclerosis	Zycais
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICAT		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	)
19 tacto	CE OF INJURY (Home, farm,   20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
Hour a.m. While Not While p.m. 19 at work at work	is a section of the state of the section of the sec	
21. I certify that (I) (this hospital) attended the deceased from	Nec. , 1953, to 3-27, 196	(e, that (l) (we) last
saw the deceased alive on 3-27 1966, and that	t death occurred at 10 F.M. from the causes and on the	he date stated above.
22a. SIGNATURE		ATE SIGNED
Souch T. Kimbill, M.	ATTENDING MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) Seruch T. Kimble	1220 ADDRESS Pershing Dr. Silver	Soving M.
238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
burial 3/30/66 Ft. Linco	In Cemetery Prince George	s County M.
24. FUNERAL DIRECTOR THE S. H. Hine SADDRESS.	In Cemetery Prince George   259. REC'D BY REGISTRAR   25b. REGISTRAR	S SIGNATURE MICH
2901 14th St. Washington, D.O.	N.W. DATEAD DO 1000 Octions	y Judge
Masiming Colls D. V	MAK 23 1300 /	110

VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

038	378		CERTIFIC	ATE	OF DEATH	1		2511	68
1. PLACE OF a. COUNT	MONTGOMERY		MARYL	AND	a STATE	ARYLAND	b. COUNTY	tion: Residence MONTGOM	before admission
b. CITY D write i	R TOWN (if outside corp RURAL and give nearest OLNEY	orate limits, town)	c. LENGTH DF STAY I		c. CITY OR TOWN (IF	outside corporat		RURAL and giv	e nearest town)
d. NAME	MONTGOMERY			iress)	d. STREET ADDRESS	ROUTE 2		e.	ON A FARM?
3. NAME DF DECEASER (Type or )		First HAZEL	Middle BLANKENSHI	P BA	Last II,EY	4. DATE DF DEATH	Month MARCH	Day	Year 1966
5. SEX Femal	6. COLOR OR RA	7. MARRIED	NEVER MARRIED DIVORCED		1/13/1916	9. AGI	(in years if the birthday) Mo	INDER 1 YEAR	Hours Min.
10a. USUAL DC	CUPATION (Give kind of w f working life, even if re H. Wire	ork done   10b.   tired)	KIND OF BUSINESS OR INDUSTRY HOMO		11. BIRTHPLACE (C	ounty & State, or fo Virginia	reign country)	12. CITIZEN C COUNTRY? USA	P WHAT
15. WAS DECE	UEL BLANKENS ASEDEVER IN U.S. ARME	FDRCES?   16	. SDCIAL SECURITY NO.	17.	14. MOTHER'S MAIL HEL	EN BAILE	Address		
(Yes, no, or uni	(If yes give war or da	tes of service)	•			OMERY GEN	VERAL HO	SPITAL	
	SE OF DEATH (Enter only I. DEATH WAS CAUSED IMMEDIATE CAL	BY: A	7 1	ear	+ Jailur	و			ET AND DEATH 2 days
Cendition gave ris	s, If any, which be to immediate	(b) W	ater intox	ica	tion				Int.
underlyin	a), stating the grause last.  THER SIGNIFICANT COND	(c) Ch	. 4 1	TRELAT	1 1111	DISEASE CONDITION		T 1(a) 19.	WAS AUTOPSY PERFORMED?
20a. ACC	DENT WAS UNDERLYING CAUSE OF I R, NOTIFY MEDICAL EXA	CABETES 20b.	DESCRIBE HOW INJURY			finjury in Part i		YES em 18.)	ND E
정 20c. TIN	E DF INJURY Month, D		- Not While -	e. PLAC factory	E OF INJURY (Home, fa y, street, office bldg., e	arm, 2Df. (City	or town)	(County)	(State)
21. I	certify that (I) (this had deceased alive on.	ospital) attend	ded the deceased fro 4 19/66, an		death occurred at		he causes and		stated above
22c. PH	Teclesses PREDER	ICK MOO	tomace	M.D.	PHYS. 22d. ADDRESS	DIRECTOR L	STAFF PHYS.	-	5, 1966
23a. BURIAL	CREMATION, 23b. DA	TE THEREOF		ETERY (	OR CREMATORY	RING MEDI	ON (City, town	or county)	(State)
-	L (Specify)  1 al 3-1  DIRECTOR	3-56	True Gos	pel	Md   25a. RE	Lisbo	R 256. REGIS	STRAR'S SIGNA	ATURE

Lay tons ville MAR

1966

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Francis H. Barber Funeral Home

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Aurial 3-7-56 True Cospel

Lisbon, Md.

Francis, H. Parber - uneral H ac Layton ville

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The law requires that the

and 2 death completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after attending physiciem and rmit. Then please repo removal. been signed by the atten the burial-transit permit. In to burial, cremation, or IO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. as the l TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH e. COUNTY CERTIFICATE OF DEATH USUAL RESIDENCE (Where neceased lived, If institution: Residence before admission) a. STATE Montgomery Maryland MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Kentbury Way 16 16 Kentbury Way 3. NAME DE DATE First Middle Last DECEASED ADELBERT R. BAKER (Type or print) DEATH March 6. COLOR DR RACE 17. MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | last birthday) | Months | Days NEVER MARRIED birthday) | Months | Dec. Male 64 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF RUSINESS OF

du	ing most of working life, even if retired) BI Govt.	Retired	Iowa	1	COUNTRY?
13	Pather's Name DeForrest Baker		14. MDTHER'S MAIDEN NAM Gertrude		<u> </u>
15 (Yi	. WAS DECEASED EVER IN U.S. ARMED FDRGES s, no, or unkown) (11 yes give war or dates of servi NO	216-44-4550 N	WILE	Same as	Item 2.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  CAUSE OF DEATH (Enter only one cause)  DUE TO  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Se per line for (a), (b), and (c). 1  CEVEGY  CVEGY		/	INTERVAL BETWEEN ONSET AND DEATH 201101
CERTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS C  COMMENT OF THE PROPERTY OF THE PROPERT	DATRIBUTING TO DEATH BUT NOT RECEIVED A PLANT OF 200. DESCRIBE HOW INJURY OF	LATED TO THE TERMINAL DISEASE OF COLORS AND COURTED. (Enter nature of Injury 1		PERFORMED? YES NO NO
MEDICAL	20c. TIME DF INJURY Month, Day, Year Hour a.m., p.m. 19		LACE DF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	if. (City or town) (	County) (State)

saw the deceased alive on SIGNATURE PHYSICIAN'S HERMAN, M. D. NAME (Type)

PUMPHREY

21. I certify that (I) (this hospital) attended the deceased from...

ATTENDING PHYS. MED. DIRECTOR ADDRESS 22d. 4801

March 3 1966 to May de

and that death occurred at 722 AM, from the causes and on the date stated above.

STAFF PHYS.

22b. DATE SIGNED

Burial (Specify) 3-8-66

23c. NAME OF CEMETERY OR CREMATORY Cemete

Montgomery Lane, Bethesda, 23d. LOCATION (City, town or county) (State)

Montgomery County REGISTRAR'S SIGNATURE

b. COUNTY

Montgomery

YES

Day

e. IS RESIDENCE ON A FARM?

Year

19 66

FUNDER 24 HRS.

Hours

ND X

24. FUNERAL DIRECTOR

A.

ROBERT

Bethesda. Maryland DATE

20M 1/65 h protes service

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03880 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH p. COUNTY b. COUNTY Montgomery Virginia MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). write RURAL and give nearest town) Bethesda 50 days Arlington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? U. S. Naval Hospital 5521 North 17th Street YES NO Sz 3. NAME OF Middle Lost 4 DATE Doy OF TOEATH DECEASED John Finley BALDWIN March (Type or print) IF UNDER 1 YEAR SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE / n years IF LINDER 24 HRS NEVER MARRIED lost birthday) Months Hours Male Cauc. June 28. 1915 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Congressman, U.S. House Rep .- Government Oakland, Calif. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME John F. Baldwin Nellie Linekin 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Arlington, Va (Yes, no, or unknown) [If yes give war or dates of service) 545 016 766 Mrs. Mary I. Baldwin 5521 North 17th St. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Carcinoma stomach, with generalized IMMEDIATE CAUSE (o) metastases DUF TO Conditions, if only, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 📆 NO 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not While at work ot work 21. I certify that it whis Kogaite Vattended the deceased from Jan. 17, 19, 66 to Mar. 9, 19, 66 that it (we) last saw the deceased alve and 19.66, and that death occurred at 1008M, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING Mar. 10,1966 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Osborne, M. D. S. Naval Hospital, Bethesda, Md. NAME (Type) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Lafayette California Oakmont Memorial Park -Removal 3-12-1966 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb Joseph Gawler & Sons.

Washington, D. C

The law requires that the death certificate be executed within 24 haurs after death papers. Pages i nin 72 haurs after by the r ,드 hin 72 filled i remove carban event, burial, cremation, ar remavol, and in any physician a ien please i permit. signed by the burial-transit Page 4 may be retained by the haspital or attending as the has been director, page 3 should be detached for use should be filed with the State Dept. of Health | TO FUNERAL DIRECTOR: After

funeral i and er death

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH haurs after deata." funera anddeatt PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery after Montgomery the MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Highpoint c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a nottfied Years Highpoint E filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6001 Massachusetts Avenue 6001 Massachusetts Avenue mithin etely rbon NAME OF DATE Middle Month DECEASED JUANITA BARIDON (Type or print) AYERS DEATH e AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 0 last birthday) Months Female Caucasian 16/08 WIDOWED DIVORCED 12, CITIZEN OF WHAT lease re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY gomery 11. BIRTHPLACE (County & State, or foreign country) physician Housewife Oklahoma Own Home U.S.A certificat ö MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phy it permit. Then pration, or removal, ont Frank Ayers Molla Meltor Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 E (Yes, no. or unkown) \(() f yes give war or dates of service) has been signed by the atte e as the burial-transit permit in prior to burial, cremation, o ledical Exame N No Mrs. Dixie Gildon - Same as item 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law megmires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate approve DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather than the state of Health p Ne CERTIFICAT 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Pert 11 of Item 18.) o funeral director. After this certil director, page 3 should be detached funded be filed with the State Dept. of Dr. Ball OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Wil CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) and MED Hour a.m. Whlle Not While at work at work p.m. 19 3-16 1966 that (1) (we) last 21. I certify that (II) (this hospital) attended the deceased from and that death occurred at & A.M. from the causes and on the date stated above. 1966 saw the deceased alive on. 22b. DATE SIGNED SIGNATURE 222. STAFF DIRECTOR M.D. PHYS. PHYS. Page 4 may ADDRESS PHYSICIAN'S 22d. 22c. NAME (Type) M. Tilley Mass. Ave., NW, Wash., D.C. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 2 Culpepper Virginia EGISTRAR 1 755. REGISTRAR'S SIGNATU Fairview Cemetery
ADDRESS Buria REC'D BY REGISTRAR FUNERAL DIRECTOR

Jos. Gawler's Sons. Washington, D.C.

e. IS RESIDENCE ON A FARM?

Year

1966

Hours | Min.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO C

(State)

(State)

PERFORMED?

YES

NO X

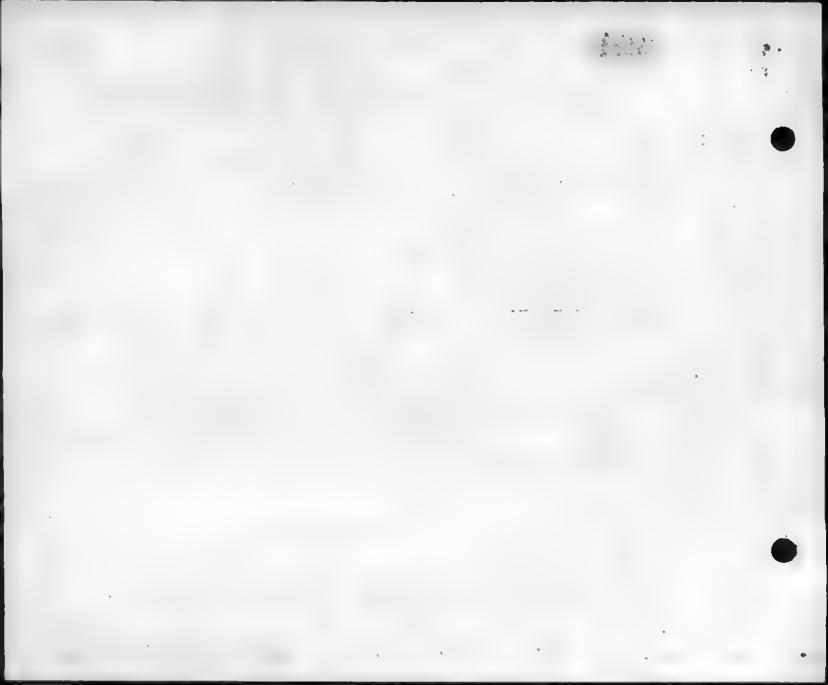
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Day

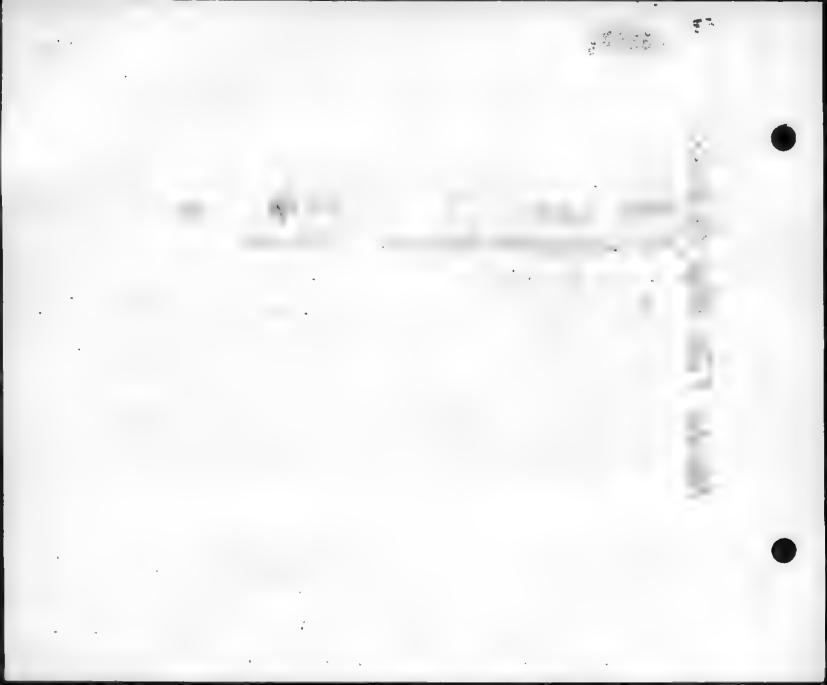
Days

COUNTRY?

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03882 CERTIFICATE OF DEATH funeral and 2 after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the furnished by the lonloomer MARYLAND b. CITY OR TOWN (If butside corporate imits, TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 10) c. CITY OR papers. Page write RURAL and give nearest town Mours completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within NO K certificate be executed within carbon NAME OF DECEASED DATE Month Middle Last Year OF DEATH (Type or print) / 19 0 AGE (In years IF UNDER 1 YEAR IF UNDER 244 IRS and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (ast birthday) | Months | Days Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give k'nd of work done during most of werking life, even if retired) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please ror to burial, cremation, gremoval, and in COUNTRY? 00 nn (a)FATHER'S NAME MOTHER'S MAIDEN NAME Genrae ROCK Rantlett Hugaler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PHYSICIAN: The lam requirem that the deall the hospital or attending physician, (Yes, no unknown) (If yes give war or dates of service) Concre 24 INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate 0 DUE TO cause (a), stating Drior underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES [7] NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While OR ATTENDING P at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from // saw the deceased alive on 922 1966, and that death occurred at 183 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED STAFF Fage 4 may b DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S ADDRESS 22c. Zzu. NAME (Type) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) a Morroh 1.966 PANCE AR 8 1966 25b. REGISTRAR FUNERAL DIRECTOR 25a. DATE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03888	}		CER	TIFICA	TE	OF DEATH			. 1	253	73	
1	PLACE OF DEATH						2 USUAL RESIDENCE (V		F CO.		e befare	admissio	on)
	o. COUNTY Mon	tgomery		í	MARYLAND		a. STATE Vi	irgi	nia <sup>b. (OU</sup>	NIT		,	
	b CITY OR TOWN (I	If outside corporate mits, digive nearest town)		c LENGTH OF ST	TAY IN 1b		c CITY OR TOWN (If ou	tside car	parate limits, write RU	RAL and give	nearest	tawn)	
	Bethesda	a (rural)		71 d	ays		Dumfries				-	-	
		AL OR INSTITUT ON (If not in t	raspital, gi	ve street address	)		d STREET ADDRESS				e.	IS RESID	
		val Hospital					P. O. Box				Y	ES 🛆	
3	NAME OF DECEASED	First		Middle		7.0	Lost	4 DA1 OF	Manaala	th	Doy	Yeo	ar 66
-	(Type ar print) SEX	Nona 6 color or race   7, a	AADD-ED I	(N)	Bart	Те Т 8	v .	DEA	March  9. AGE (In years	1 IF UNDER 1	-7-	IF JNDER	
			MARRIED	NEVER MAI		0			last birthday)	Months	Doys	Haurs	Min
_	emale	300000	IDOWED	LEP	DRCED	12	July 1906	0.6.	DA Aus	I In city	75N OF 1	MALIA T	
	ng most of working Housewil	t (Give kind af wark dane life, even if ret red) Le		ND OF BUSINESS COUSTRY	Ж		Dayton, Ol		r rareign country)		ZEN OF ! INJRY? SA	WIAI	
13.	FATHER S NAME		<u></u>				14. MOTHER'S MAIDEN N						
		McIntire					LONG BOOK	- M 3 3					
		R IN U.S. ARMED FORCES?		OCIAL SECURITY N	10 17	7. IN	IFORMANT	02.70	1736 Cold	ambia E	Road	v.VI.	K
(Y	NO	(If yes give wor or dates of serv		SKROU	F F	lar	ry H. Bart]	Lev	Washingto			1	
-		EATH (Enter any ane cause pe						V				RVAL BET	WEEN
	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	Met	astatic	Aden	oca	arcinoma of	the	Uterus		ONSE	ET AND D	EATH
	174X	DUE TO				,							
	Conditions, if any,	, which gave ) (b)											
	nse to immediate												
	last.	(c)_											
Z	PART II OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT	RELATED T	O TI	IE TERMINAL DISEASE CON	IDITION (	GIVEN IN PART 1(a)		19 4	WAS AUTO PERFORMI	DPSY ED2
ATIO													NO 🔲
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	205 DES	CRIBE HOW INJUR	RY OCCURRE	Ð. (E	inter nature of injury in f	Part I ar	Port II of Item 18.)				
MEDICAL		JRY Month, Doy, Year	20d IN. While	JURY OCCURRED			OF INJURY (Home, farm		f (City or town)	(Cata	nty)	(	(State)
18	р. г	п. 19	at wark	at wark									
	21. I certi	fy that (t) (this hospital	) attend	ed the decea	sed from		ec. 23 ,1	9 65	to March	4 , 19 (	<u>26</u> tho	ot (A) (c	we) lost
		eceased olive on Mar	ch 4	19 66	_, and t	hat	death accurred at	2:10.	M, from couses				above.
	220. SIGNATURE	Jul Eh)	ike			M.D.	177113	MED. DIRECTO	R STAFF	22b. DA Mai		5,19	166
	22c. PHYSICIAN'S NAME (Type)		iker,	н. Ъ.			U. S. Na	val	Hospital I	Betheso	da,	Md.	
230	BURIAL, CREMATIC			23c NAME OF					LOCATION (City or To		County)	(5	tate)
	- REMOVAL (Specify	Mbrch 8.	1966	Arlingt	on Na	tj	onal	Ar	lington, N	/irgin:	ia		
	FUNERAL DIPECTO	. 1 ())) [	Wisc	ons Appress	venue		25a. REC'D	BY REG	STRAR 25b. RI	EGISTRAR'S SI	GNATURE		
L	R. A. Pun	iphrey, Bethe		Maryla			DATEMA	40	1864 %	Cler 1.	2 ()	rdal	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and justify event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. YR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03880	4		CERTI	FICATE	OF DEATH			13874
	PLACE OF DEATH					2 USUAL RESIDENCE (	Where deceased lived, if instit.		before admission)
0		Comery		MAR	YLAND	Md.	D (Q)	/la	amelli
ŀ	CITY OR TOWN (	f outs de corporațe limits, I give nearest town)		c LENGTH OF STAY	IN 1b	1	stside carparate I m ts, write R		1 41 1 1
		Spring.					Woodhoven	Blu !	Tathe. mol
C	I, NAME OF HOSPITA	AL OR INSTITUT ON (If not	in haspital, g	ive street address)		d STREET ADDRESS		y	B S RESIDENCE ON A FARM?
6	evy Ches	e Nursing +	ind Co	nual. Cent	er_				YES NO
	NAME OF DECEASED	Firs	t	Middle		Lost	4 DATE Mo	1th	Day Year
-{	Type or print)	Maj				Barton	9 AGE (In years	I IF UNDER 1 Y	7-9 1966 TEAR 1 IF JNDER 24 HRS.
3	SEX	6 COLOR OR RACE	7, MARRIED	NEVER MARRIE		B DATE OF BIRTH	ast birthday)		Days Hours Min.
2	HIGHA OCCUPATION	N I		DIVORCE		Dec 4, 1879	86 Yrs	12 (1717	EN OF WHAT
	ng most of working	(Give kind of work done lyte, even if retired)		ND OF BUSINESS OR DUSTRY			& State, ar foreign country)	COUN	TRY?
	FATHER S NAME					14. MOTHER'S MAIDEN	N A MC	- 4.	<u>S.A.</u>
J.	D	Λ11				Δ /			
2	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	1.16.5	SOCIAL SECURITY NO.	17 [	CQRO/I	ne Hine	ress	
		(If yes give war ar dates of		JOCIAC SECORITY NO		-10. 0 1			10.0 . 0. 1.
_	10 CAUSE OF D	EATH (Enter any one caus	a per line for	(a) (b) and (c))		drumma	CNEAR	Chuse N	INTERVAL BETWEEN
1	PART I. DEAT	TH WAS CAUSED BY	//	rester	E Sea	la- 56	. List		ONSEL AND DEATH
	313	IMMEDIATE CAUSE (	0]	,		A		1	
1	Conditions if ony	, which gove )	b) LE	re. 5001 4	Se	Granics	CECIOST		204-7
1	rise to immediat	e couse (a), (							7
1	last.	)	(c)						
إ	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?								
205	NONE YES NO [								
CERTIFICACION	20g ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY (	OCCURRED	(Enter noture of injury in	Port I or Port II of item 18)		
-1		MEDICAL EXAMINER)							
MCDICAL	20c TIME OF INst Hour our	JRY Month, Day, Year	20d IN While	JURY OCCURRED  Not While		TE OF INJURY (Home, farm pry, street, affice bldg., etc.		(Count	ty) (State)
ı	p.r	n. 19	at work	at work					
		fy that (I) (this has	ital) attend	ded the deceased	fram	Frent.	1964 to 3-2	7-, 1966	, that (I) (we) las
ı		eceased alive an	2-6	6-186	and tha	death accurred at	2 <u>22</u> € M, fram cause:		
	22a. SIGNATURE	Ster	ha W	, yet	MI	ATTENDING PHYS	MED STAFF DIRECTOR PHYS. (	22b_DATE	-29-1966
	22c. PHYSICIAN'S NAME (Type		WW.	DE TE	2, 14.0	22d ADDRESS	19 WILSON LA	WE BE	THEODA, MO
230	BURIAL, CREMATIC		REOF	23c NAME OF CEN	TETERY OR	CREMATORY	23d LOCATION (City or T	own) (C	ounty) (Stote).
1	REMOVAL (Specify		122	Ist Lin	cal			2 /26	me
24	FUNERAL DIRECTO	R	50	ADDRESS	-101	CASCA . AUR		EGISTRAR S. SIGI	NATURE
/	Baller	Alcae ha			1sech		4 1966 19	- Car	1

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

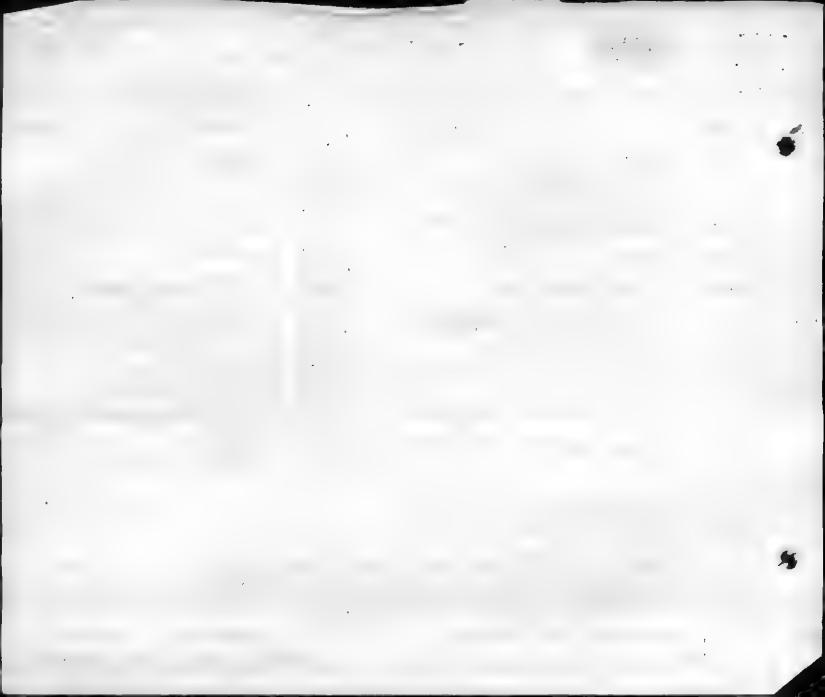
Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial land, completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please sentions papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in may event, within 72 hours after death

Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edimission) e. COUNTY lease execute the certificate, wr.ting the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 3, with the State Department of eaith or its designated agent, prior to burial, cremation, or removal, and in any event (Ashing 72 hours after death. a. STATE b. COUNTY is necessary, MARYLAND MONTAC b, CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c, CITY OR TOWN (inoutside corporata limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE any delay ON A FARM? 2 YES TO NO T 3. NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 19 lah death. 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days O WIDOWED IX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME while permit file any 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ( ( yes give war or dates of service) EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Septicemia secondary to extensive burns, IMMEDIATE CAUSE (a) **DUE TO** 30% body area. accidental. Conditions, if env. which gava rise to Immediate cause **DUE TO** (e), steting the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION MERIORMED? YES NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, ignier neture of injury in Part I or Part II of Itam 18. PRIMARY DE OF CONTRIBUTING using cleaning fluid, burned when it CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, ) 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) While Not While 19 00 el work Home Kensington Montz. Md. at work 21. I certify that I took charge of the remains described above, held an Autopsy 12. Inspection Inquiry and in my opinion MEDICAL Suicide Undetermined manner death resulted from: Matural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL **ASSISTANT MEDICAL EXAMINER** DATE SIGNED ALTERNATION. DEPUTY DEPLITY MEDICAL Address (Street, city, town, or county) NAME (Type) please 4 should O FUN Health OR CREMATORY DATE THEREOF 220, BURIAL, CREMATION. 22b. 22d. LOCATION (City, town, or county LState? REMOVAL (Specify) 23. FUNERAL DIRECTOR 245. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VR AISME 56

Itches Jo-21



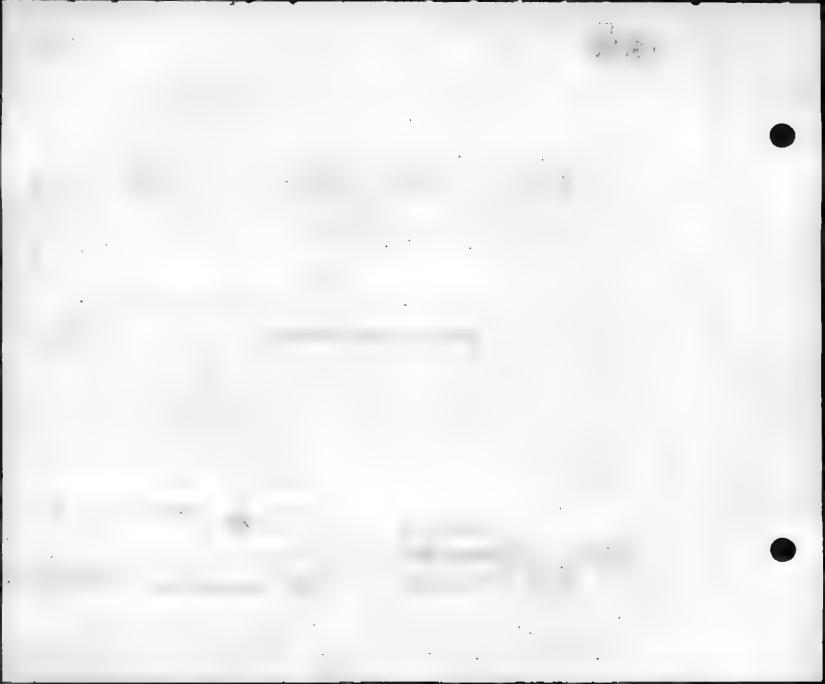
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Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE 1, MARYLAND</b>
03886	CERTIFICATE OF DEATH	0387

PTACE OF DEATH     a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
44	a. STATE b. COUNTY Montgoege
MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring 17 years	Silver Spring / ' (
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ' e. IS RESIDENCE
70: Silver Spring, Tue.	707 Silver Spring, Tue YES NO IN
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) AMOS WAKO	BEALL DEATH MARCH 7 1966
5. SEX   6. COLOR DR RACE   7. MARRIED   NEVER MARRIED   1	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
The state of the s	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, eyen if retired) INDUSTRY	COUNTRY?
Retired steam-Fitter Construction	M-ruland 11.5.4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	70" Silve + " Trisin Tue.
	ice Reall Silver Spring, Maruland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
PART I, DEATH WAS CAUSED BY: BRONCHOPNEU	MONIA. ONSET AND GEATH
491X DUE TO	
Cenditions, If any, which ) (b)	
gave rise to immediate (	
training of the control of the contr	
	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
S   TANT IL OTHER STORTFORM CONDITIONS CONTRIBUTION TO DESCRIBE OF HIS REEN	PERFORMED?
	YES NO Y
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  202. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCU  BY CONTRIBUTING TO CAUSE OF DEATH  OF CONTRIBUTING TO CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
feeto	ry, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (!) (this hospital) attended the deceased from	JULY, 1960, to MAKCH 7, 1966, that (we) last
saw the deceased alive on MARCH 7 19 66 and that	t death occurred at 8 5 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SICNED
Man Coleman Mr. M.D.	ATTENDING P MED. STAFF   3 - 7-66
22g. PHYSICIAN'S	22d. ADDRESS SILVER SPRING
NAME (Type) JAMES K COLEMAN	9241 CALUMBIA BLUD MARKLAND.
238. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY	
REMOVAL (Specify)	
Burial March, 10, 1966 Hillcrest Bu	
24. FUNERAL DIRECTOR BETHERE 31 GODRESS; 2 QUE	
Lather & Provey 200 Silver pring,	Md. DMAR 10 1966 Clearles Judges



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03887
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## CERTIFICATE OF DEATH

自民でサウ

W.		<u> </u>	03000	00011
and	-	1.1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
uneral and	$\bigcirc$	1	MARYLAND MARYLAND	A STATE LA COUNTY () Promise and
	$\cup_{J}$		MARYLAND MARYLAND	THE OF TOWN IN
Pages urs oft	-		b. CITY OR TOWN (If outside components)  out to BURAL and give nearest town)  c LENGTH OF STAY IN 1b	c CITY OR JOWN (If outside carparate limits, write RURAL and give newsest town)
s. Pag haurs		13	SETPOSOGO LUBORI.	Dermantou'u
			d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS # 15 RESIDENCE
d 1				RATBOY25 Blust Road YES NO
alle pa nin		*-	Schorban Haspital	K" DOY 21 DIUNT LOAD YES NO
ily filled i ian paper within 72			NAME OF First Middle	Lost 4 DATE Month Doy Year
The state of		A	DECEASED (Type or print) Bully Bry De	Ckuth DEATH march 26 1966
ne			SEX , 6 COLOR OR RACE MARRIED AREVER MARRIED 1 8	DATE OF BIRTH 9 AGE (In years   IF UNDER I YEAR   IF UNDER 24 HRS
6 3 1		1		mat 241966 ost birthday) Months Days Haurs Min
F 3				
O E		10a	a USUAL OCCUPATION (Give kyr/d af wark dane ring most of working life, event if retired) INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)  12 CIT ZEN OF WHAT COUNTRY?
ease		GU1	Inditional of working the , even in femiliary	man and - montamera
S C		13	FATHER S NAME	14 MOTHER'S MAIDEN NAME
phy evc			Harved It Beckerth	· / descende
ding phy Then remaya		/	, , , , , , , , , , , , , , , , , , , ,	GORMANT Address
는 H			as an annual office and appropriate of society	, was
attenc permit Ian, ar		(		rold It. Dicharth (Jother)
by the attransit peri			18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c))	Z INTERVAL BETWEEN
the sit			PART 1. DEATH WAS CAUSED BY.	onset and Death
by Ign			mineral color (a)	Of Additions as
70 T - 7			DUE TO	osters.
signe buria buria			Conditions, if any, which gave (b) Rupture Liver, Spot rise to immediate cause (c),	ontaneous
		Н	stoting the underlying couse DUE TO	
the r to		Н	last. (c)	
as the as the priar ta			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	7	S		PERFORMED?
ECTOR: After this certificate he should be detached for use with the State Dept. of Health	100	CERTIFICATION	rene	YES 🔼 NO 📋
ficat for FHe			206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  205 DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Part II of Item 18.)
ed ed			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
this cert etached Dept. a		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 20f (City or town) (Caunty) (State)
det P D		딡		ıry, street, affice bldg., etc.)
tat			Kin always — f	11.11
d A			21. I certify that (1) (this haspital) attended the deceased from 2	death accurred at $\frac{2554}{2554}$ M, from causes and on the date stated above
S la f				
日音道		Н	220 SIGNATURE	ATTENDING MED. STAFF 22b DATE'S GNEO
₩ 6 7			M.D.	PHYS DIRECTOR PHYS DISCOUNTE
age file			22c PHYSICIAN'S	22d ADDRESS
A be	1		NAME (Type) J. WM STUHLMAN M.D.	4711 CHASE AVE, BETHESDA AND 20014
NE TO THE	- /	12.0		DEMATORY TO THE TOTAL TO
director, page 3 shault should be filed with th		Z30		ey cemetery, Clarksburg, Ma. (Stote)
5 2	0			
	1.1	24	4. FUNERAL DIRECTOR P & ROCKVILLE,	MG 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE
VR A15 (4) 20 M 1/66	1 ×	1	When K. Survele	DAMAR 29 1986 Scharles Judge.

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	03888		CERTIFICAT	E OF DEATH		02878	
	PLACE OF DEATH				here deceased I ved, if institution		
	Montgomery Maryland			o. SIAIE Mary	O. STATE Maryland b COUNTY Montgomery		
	b. CITY OR TOWN (If outs	ide corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn)		
	Silver Spri	negrest town)		Silve	15-1		
		INSTITUTION (If nat in hospitar,	give street address)	d STREET ADDRESS	d. STREET ADDRESS		
	10411 Hunt	ley Ave.,		10411 Hu	10411 Huntley Ave.,		
	NAME OF	Fist	Middle	Last	4 DATE Month	Doy Year	
	DECEASED (Type or print)	Frank	Bel	lafiore	OF DEATH Marc	ch 5 19 66	
5	SEX 6 CI	OLOR OR RACE 7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	FUNDER 1 YEAR   IF UNDER 24 HRS.	
	male C	auc. WIDOWED	DIVORCED	28 July 1900	ast_birthdoy) A	norths Days nours min.	
00	USUAL OCCUPATION (G ve	kind of work done 10b	(IND OF BUSINESS OR		State, ar fareign country)	12 CITIZEN OF WHAT COPPLERY?	
ati	ing most of working the, ev	en a tenteo)	Barber	Italy	Italy		
13.	3. FATHER'S NAME			14 MOTHER'S MAIDEN N			
	Salvatore :	Bellafiore		Filipa Ma	Filipa Marasia		
15	15 WAS DECEASED EVER IN HIS ARMED EDROES? LA SOCIAL SECURITY NO. 17 H			NFORMANT Address			
(Yes, no or unknown) (If yes give war or dates of service)  Adelaide J. Bellafiore wife						2a, b, c, d abov	
		Enter only one cause per line fo	r (a), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH	
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Generalized motastacos					ONSET AND DEATH	
	DUE TO Adenograph of the prostote					8 months	
	Conditions, if any, which	(D)				O montains	
	stating the underlying cause DUE TO						
	last. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY						
3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
CATE	PERFORMED? YES NO						
RTIF	20a. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.)  OR CONTRIBUTING \( \) AUSE OF DEATH						
AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 20f (City or town) (County) (State)						
25.	p.m. 19 at work at work						
	21. I certify that (1) (this hospital) diffended the deceased from, 19, ta, 19, that (1) (we) last						
	304 The deceased drive an, and that doubt deceased and an the date stated above.						
	ATTENDING MED STAFF						
	22c, PHYSICIANS 22d ADDRESS 1966						
	NAME (Type)Da	niel L. Haye	28		consin Ave. 1	Beth sda Md.	
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)							
	REMOVAL (Specify)	9 Mar. 1966			Bladensburg		

**ADDRESS** 

Rinaldi Funeral Home, Inc. 7400 Georgia Ave.

250 REC'D BY REGISTRAR
DATE AR 1005

25b REGISTRAR'S SIGNATURE

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending ph directar, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remark Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

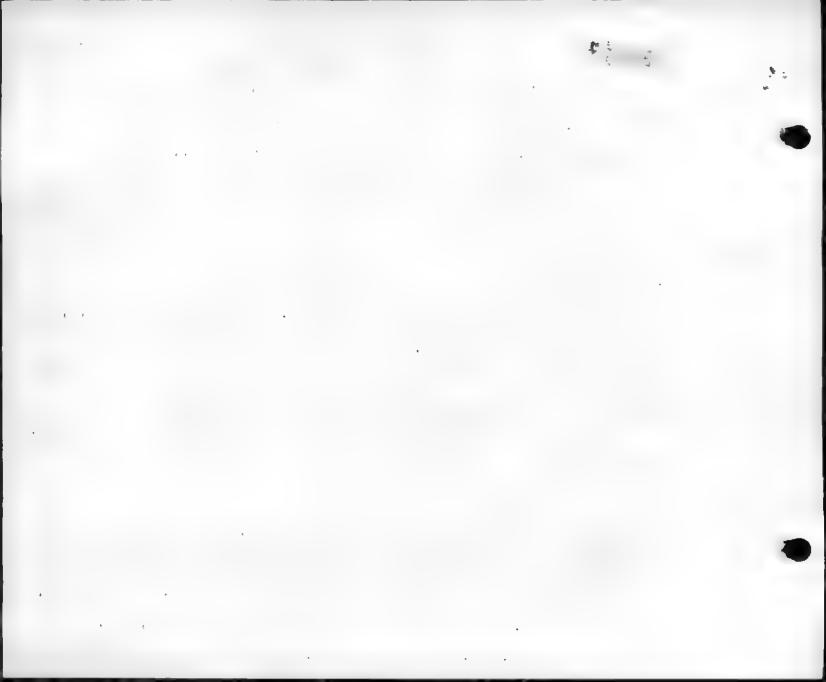
24. FUNERAL DIRECTOR

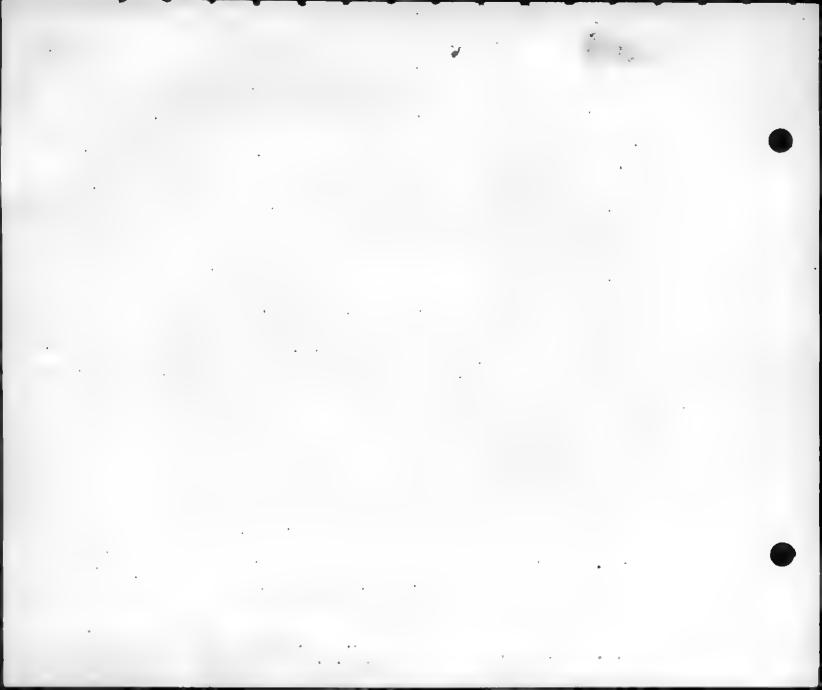
TO MODIFIEM OR ATTEMBLING PHYSICIAM: The faw requires that the death certificate be mixecuted within 24 haurs after death.

and campletely filled in by the funeral remove carban papers. Pages 1 and 2 h any event, within 72 haurs after death.

ond

permit. Then ple





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans; i permit. Then pleased carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law magnitum with the death certifinate the mecuted within 24 finits after death, Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH	•	1 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)		
a. COUNTY		a. STATE Maryland b. COUNTY Montgomery		
Montgomery	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGIN OF SIAI IN 18	c. offi on town (is outside corporate mine	ALITO KOKAL MIO BITO HODIEST TOWN	
Olney	6 days.	d. STREET ADDRESS	1 B. IS RESIDENCE	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in nospital, give street address)		ON A FARM?	
Montgomery General Hos		16750 Batchelors For	1.00	
3. NAME OF FIRST DECEASED	Middle	Last 4. DATE N	Ionth Day Year	
(Type or print) Henry	Lamar	Benson Sr. DEATH Mar		
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	DATE OF BIRTH 9. AGE (In ye	ars   IF UNDER 1 YEAR   IF UNDER 24 HRS.	
Male White WIDOW	NED X DIVORCED	76 ast birthd	S. Monuis Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done) 10 during most of working life, even if retired)	D. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY?	
_	Farmer	Marvland	U.S. A.	
Farmer  13. FATHER'S NAME	A. Mah. Alaberta	Maryland 14. MOTHER'S MAIDEN NAME		
Henry Benson		Martha Booton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.		tdress	
(Yes, no, or unknown) (If yes give war or dates of service)		HOSPITAL RECORD		
18. CAUSE OF DEATH [Enter only one cause p	ser line for (a) (b) and (c) 1		I INTERNAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	Per mile for (a), (a), and (c), 1	1 / 1	OUSET AND DEATH	
IMMEDIATE CAUSE (a)	D. Carolina	many many he	change in	
DUE TO	1000	2,0 1 -0	100	
conditions, if any, which (b)	10 more	may morning	-	
cause (a), stating the DUE TO				
underlying cause last. ) (c)	MANAGE	men man so	7	
PART H. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	ED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
85			YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	b. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of Injury in Part I or Part	ii of item 18.)	
8	fante	E OF INJURY (Home, farm, 20f. (City or town, street, office bidg., etc.)	n) (County) (State)	
Hour a.m. W	work at work	, all cort office blog , etc.)	4 11/	
21. I certify that (I) (this hospital) at		19.55.19 to 515	that (I) (we) last	
saw the deceased alive pn		death occurred at 1.1 Maffom the cau		
22a. SIGNATURE	15-5- and the	death occorrec at 1 th transmit the way	22b. DATE SIGNED	
1 14	gran Will	ATTENDING MED. STAFF PHYS.	□ 3-24-66	
22c. PHYSICIAN'S	A	22d. ADDRESS		
NAME (Type) Dr.Charles I	igon	SANDY SPRING, M	ARYLAND	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER			
REMOVAL (Specify)		3.43 2.26	wasnington,	
Uremation   3-28-66	J. William ]	25a, REG'D BY REGISTRAR   25b	REGISTRAR'S SIGNATURE	
	tate at Man		Charles Judge	
	ttnersburg, Md.	MAR 2 8 1966   8	Judge.	
			1/ W	

VR A15 (4) 20M 1/65 N. 1 )

" and all " " San' " 3 Th

and extra const

## FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in item 18. Give Pages 1. 2, and 3 to a funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Filehage 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and we within 72 hours after death.

	MARYI	LAND STATE DE	EPARTMENT OF	HEALTH	
Division of STATI	STICAL RESEAL	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
03891			CERTIFICATE		03

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY						
MONTGOMERY MARYLAND	MARYLAND MONTGOMERY						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		outside corporata limits, write RURAL and give naarest town)					
BETHESDA, MARYLAND 1 Hr. 47 Min.	Chevy Cha	ase Maryland					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address)	d. STREET ADDRESS	Is residence     On a farm?					
U.S. Naval Hospital, Bethesda, Maryland	7206 bela	field venue YES NO W					
3. NAME OF First Middle DECEASED	Lest	4. DATE Month Day Yeer					
(Type or print) Harold Sloop Berdine		DEATH March 12 19 66					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
Male Cauc WIDOWED DIVORCED	15 JULY 19	01 64 yrs.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (S	tate or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
during most of working life, even if retired)  Retired - U.S. Coast Guard	Binghamton, New York USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Harry O. Berdine	Ir	Irene Maude Sloop					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	s. beulah E.	Berdine (Wiles)					
YES   WW II     72	06 Delafield	Avenue, Chevy Chase, Maryland					
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo Carelia /	PART I. DEATH WAS CAUSED BY:						
4201 DUE TO	4201 DUE TO						
Conditions, If any, which (b) Coronery	conditions, if any, which \ m Ceronery Throm 100515-						
gave rise to immediate cause (a), stating the DUE TO  Landerlying cause last,  (c) Carclic Vascular Disease 4  42075							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED?  YES IX NO [7]							
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Part 1 or Part 11 of item 18.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCC CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m.  9	DAKED. (Elliel liamie vi	many in the control to the control					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa						
Hour a.m.  P.m.  19 at work at work	ory, street, office bldg., e	tc.)					
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion							
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner							
CHIEF MEDICAL EXAMINER							
ACTUAL John & Ball M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED							
EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER DISTRIBUTION DEPUTY							
						23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	
Burial 3-15-1966 Arlington National Cemetery Arlington Arlington Va.							
5130 Wisconsin Avenue							
Joseph Gawler & Sons N.W. Washington, D.C. DMAR 17 1956 JCharles Judge							

VR ALSME (5) 1/65



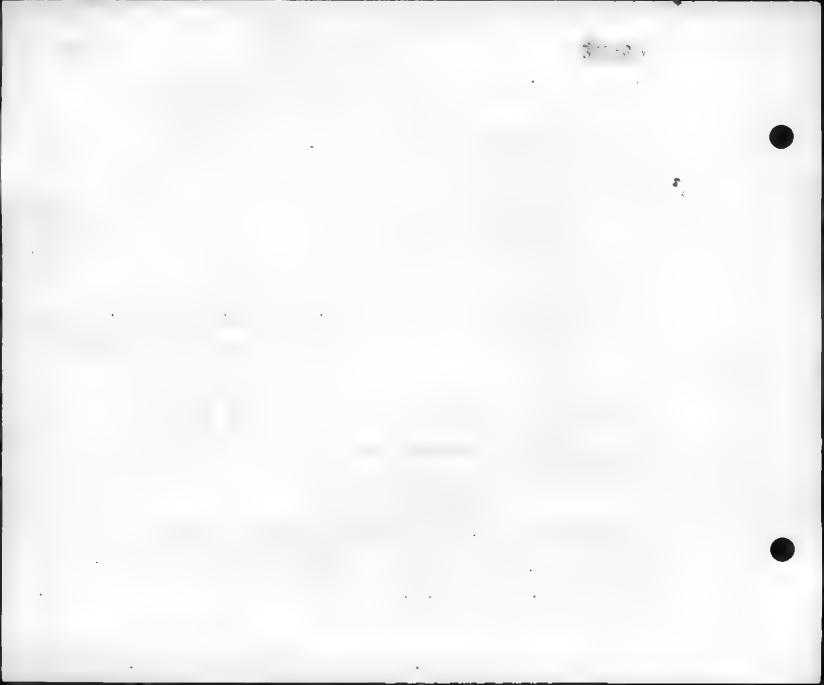
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. completely filled in by the funer rove carban papers. Pages 1 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciary director, page 3 shauld be detached far use as the bunal-transit permit. Then please should be filed with the State Dept. of Heolth priar to burial, crematian, or remaval, and Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03892				CERTI	IFICATE	OF I	PEATH				03	88	2	
1.	PLACE OF DEATH o. COUNTY MOT	tgomery			MA	RYLAND	2. USUAL a STA	RESIDENCE (WITE Virg	Where deco	eased lived, if	b. COUNTY	Residence	befare V&7	admissir	an)
		f autside carparate limit	b,	(.	LENGTH OF STAY	th lb	c CITY O	R TOWN (If aut	/						
	Bethesda	(Rural)			4 day	ys	1	Arlingt	on			**	_		
		AL OR INSTITUTION (If no	it in haspit	al, give s	street address)		d. STREET	d. STREET ADDRESS				9	IS RESID	DENCE APM2	
	U. S. Nav	val Hospita	1				266	7 North	Ups	hur St	C .		YE	contra	NO 🔯
	NAME OF	Fi	rst	•	Middfe		lo		4 DATE		Month		Day	Yeo	gr
	DECEASED (Type at print)	Wel	ls		Rood		BILL	Jr.	OF DEAT	EH I	March		6	19	66
S	SEX	6 COLOR OR RACE	7 MARRI	IED 🔼	NEVER MARRI	ED [	8 DATE OF	BIRTH		9 AGE (In		IF UNDER 1 Y	EAR Davs	IF UNDER	R 24 HRS
	M	Cauc	WIDOW	/ED 🗌	DIVORC	ED 🔲 🗧		18, 191		149	Yrs.	Mailins	cyo	Fruura	Min.
10a	USUAL OCCUPATION	(Give kind of wark done	106		OF BUSINESS OR			PLACE (County &		r fareign count	ry)	12 CITIZE		WHAT	
QU:	ng mos Si wolving	lite, even if retured). Vy Captain		INDUST	. NAVY	•	Ha	ertford	l, Co	nn.		Cook	Ü	.S.A	
	FATHER'S NAME				/		14 MOTH	IERS MA DEN N	IAME						
	Wells Roc	od Bill, Sr	•				L	acia Sh	arp						
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?			AL SECURITY NO		INFORMANT				Address	Arlir	ngt	Jn, V	່ຄ.
{Te		(If yes give war ar dates of		MA	VKNOUN	M	rs. Ma	arjorie	W.	Bill,	2667	N. Ur	peni	ar S	t./
-	3	ATH (Enter only one cou		far (a),	(b), and (c))							1	1NTER	RVAL BET	TWEEN
		H WAS CAUSED BY			rhosis	liver	with	hemori	rhage	e			ONSE	ET AND D	DEATH
	-810	IMMEDIATE CAUSE (a) OTTT TOSTS TIVET WILL THE MOTT TABLE													
	Canditians, if any, which gave } (b)														
	rise to immediate														
	stating the underlying cause (c)														
	PART II. OTHER SIG	GNIFICANT CONDITIONS C		NG TO DE	EATH BUT NOT R	ELATED TO 1	THE TERMINA	AL DISEASE CON	DITION G	IVEN IN PART	1(a)		119. V	NAS AUTO	OPSY
CERTIFICATION		-									C-7		P	<u>*ERFORM</u>	NO 🗆
FIG	200 ACCIDENT WAS	CUNDERLYING	206	DESCRIF	BE HOW INJURY	OCCURRED.	(Enter natur	e af injury in F	Part   at	Part II of Herr	18.)		763	<u> </u>	110
CERT	OR CONTRIBUTING	CAUSE OF DEATH		· Whiteria	L Holl man.	000000000000000000000000000000000000000	(611101 1121	a an inperj	Min i we .	dir ir wi irc.	10.1				
		MEDICAL EXAMINER)  JRY Month, Day, Year	20	A INHER	Y OCCURRED	20e PL6	CE OF INILIR	Y (Hame, farm,	. 1 20f.	f. (City or t	town)	(Count	(v)		(State)
MEDICAL	Haur a.m	n.	W	Vhile	Not While			ffice bldg., etc.)		, forth a.	dviii)	1	1/		31010/
	p.m	fy that (#) (this has		wark L		d fram	Mar.	2 1	0.66	ta Mar	- 6	166	the	-4 AN 1	······································
	saw the de	r <b>y</b> that by (this has	Mar.	6	The deceased	and tha	t death c	reurred of	1150	M fram c	rauses ar	nd on the	_, inc	state	we) iusii
	22g SIGNATURE	(fenzen miss ou		-		OHO HIGH	I ucum -			A alda		225 DATE			doute.
		Cout	Per	سکرے		M.C			MED DIRECTOR	STA PHY		Mar.			6
	22c. PHYSICIAN'S NAME (Type)	С. М.	Herm	an N	L_D_			ADDRESS S. Nav	al H	lospits	11. Bo	ethesi	38.	Md.	
230	BURIAL, CREMATIO	IN, 236 DATE TH	REOF	2'	3c NAME OF CEA	METERY OR				LOCATION (Cr			gunty)		State)
	其MQVA SPEcify)	3/9/	966		Arlingt	ton Na	ation	31		Arling	ton			irgi	nia
	24 FUNERAL DIRECTOR  W. W. Chamber Funeral Home, 1400 Chapin St., MAR 9 1966 Programmer Signature														
1_				Ñ		hingto		DATE	V	1000			1	0	

VR A15 (4) 20 M 1/66

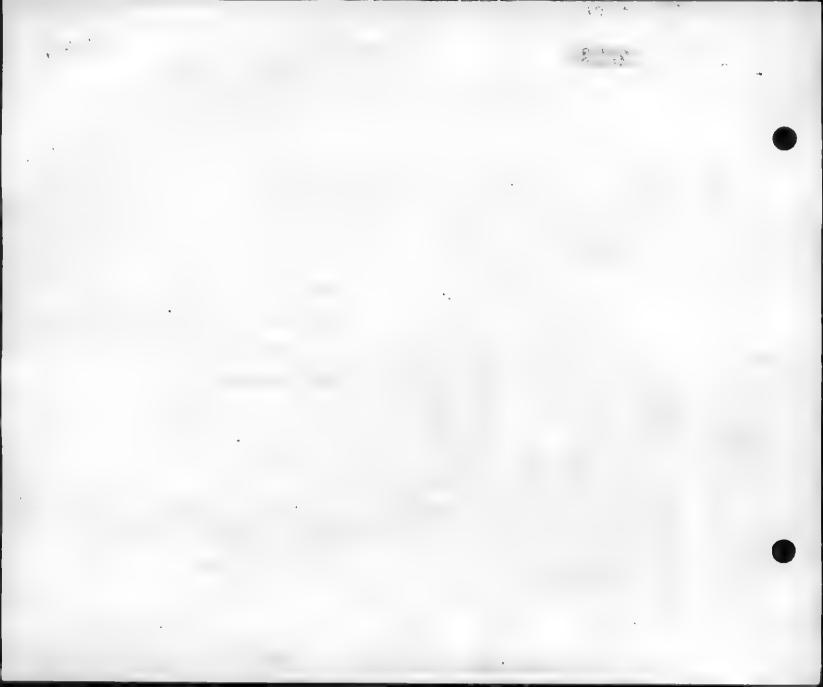


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH montgoming o. COUNTY **b** COUNTY RYLAND MARYLAND C LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate 1 mits, write RURAL and give negrest town) CHEVY CHASE KENSINGTON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 2711 ROYCE ROAD SYLVAN MANOR HEALTH CENTER-2700 BARKER ST NO K YES -3 NAME OF First Middle Lost DATE Month Dov Year DECEASED OF 25THER 3 1966 BlackER 23 DEATH (Type or print) 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** AGE (In years lost birthdoy) Months Hours 12/1/1887 DIVORCED W DOW KIND OF BUSINESS OR 12. CT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
HOUSEWIFE CONNIEXS RUSSIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MORRIS RACHEL MUKKIS ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, aç yaknown) (If yes g ve wor or dates of see DEAL SECURITY NO 17. INFORMANT 2711 PROYCE ROAD CHEVY CHASE, MARYLAND MRS. PEARL THROTT 18. CAUSE OF DEATH (Enter only one couse page for INTERVAL BETWEEN (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION Frankers 0 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) fell act of bed at tione MEDICAL 20e PLACE OF INJURY (Home, form, (State) 20s TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Not While foctory, street, office bldg, etc.) Ma Bronto 19 66 ot work Horse of work 66 21. I certify that (I) (this hospital) ottended the deceased fram. 19 6, that (1) (we) last 1966, and that death accurred at PM, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S 800 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION DATE THEREOF 23d LOCATION (City or Town) CEDAR PARK 3/25/66 JERSEY 24 FUNERAL DIRECTOR SOL LEVIN 250 RECD BY REGISTRAR **ADDRESS** REGISTRAR'S SIGNATURE

requires that the death certificate to executed within 21 havrs after death and: papers. Pages I hin 72 hours after .⊑ palli 9 in any ar remaya crematian, burial-transit ģ signed burial, has been s Health I certificate Б be retained by the haspital TO FUNERAL DIRECTOR: After director, page 3 shauld be filed v VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE completely filled in by the f ye carbon papers. Pages 1 event, within 72 hours after Maryland Montgomery Montgomery MARYLAND c, CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b completely filled in ye carbon papers. I Bethesda a day Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4019 Decatur The Clinical Center, Bethesda, Md. 20014 executed within 3. NAME OF DECEASED Last 4. DATE Month First Middie Blackwell Arnold DEATH March (Type or print) Gary AGE (in years | IF UNDER 1 YEAR | F UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED and in any 37 White 23 July 1928 Male WIDOWED DIVORCEDI 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the during most of working life, even if retired) that the death certificate be Salesman Shoe store South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clvde Blackwell Lydia Varner 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANThe Medical Record 16. SOCIAL SECURITY NO. The Clinical Center, Bethesda, Md. 20012 No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right sided intracerebral hemorrhage **D HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. (b) Acute Myocardial infarction Conditions. If any, which gave rise to immediate DUE TO cause (a), stating (c) Chronic Myelogenous Leukemia underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While. Not While at work at work 66, to March 3, 19 66, that W (we) last 55, from the causes and on the date stated above. 3 19 66 that 00 (we) last 21. I certify that 0 (this hospital) attended the deceased from March 3 saw the deceased alive on March 3 \_\_19\_66\_\_, and that death occurred at. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. X. 4 March 1966 M.D. Clinical Center, National PHYSIC AN'S 22d. ADDRESSThe NAME (Type) Alexander A. Levitan, M.D. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 2 REMOVAL (Specify) Burial-transit 3-5-66 Park Sunset Mem.

e. IS RESIDENCE DN A FARM?

1966

INTERVAL BETWEEN

ONSET AND DEATH

years

So. Carolina

WAS AUTDPSY

NO |

(State)

PERFORMED? YES X

day

1 day

(County)

12. CITIZEN OF WHAT

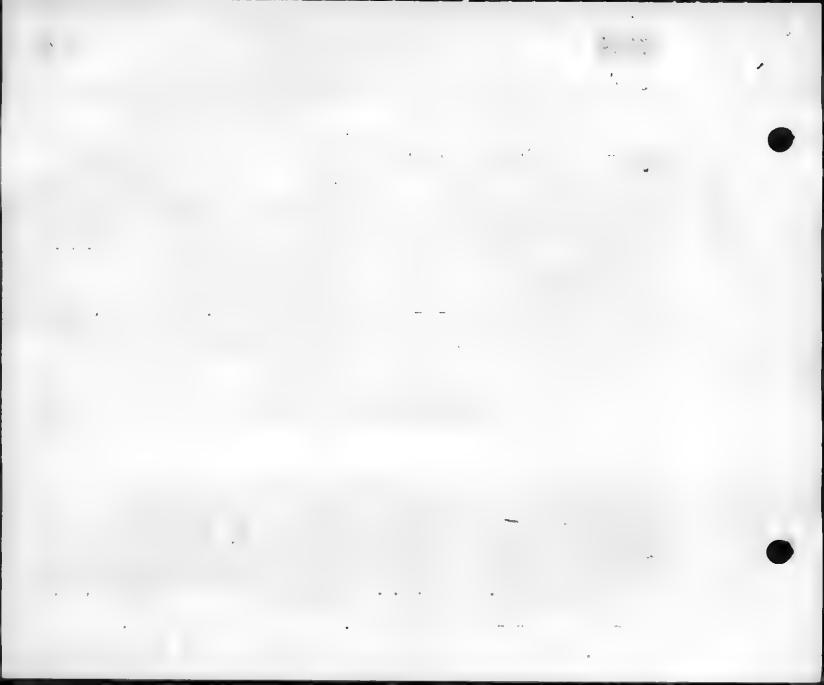
U.S.A

COUNTRY?

NO X

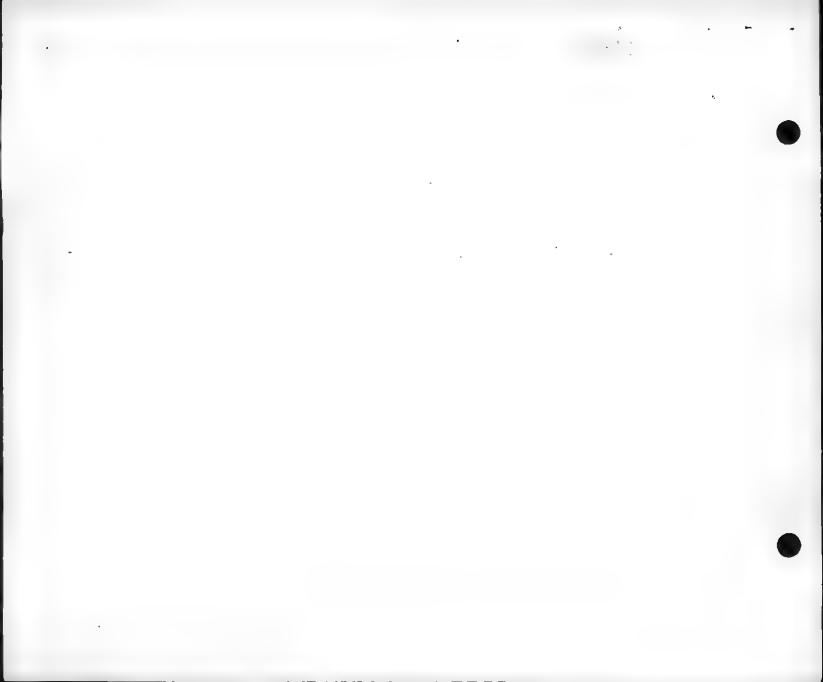
Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City, town or county) Spartanburg. 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY Bethesda. Maryland

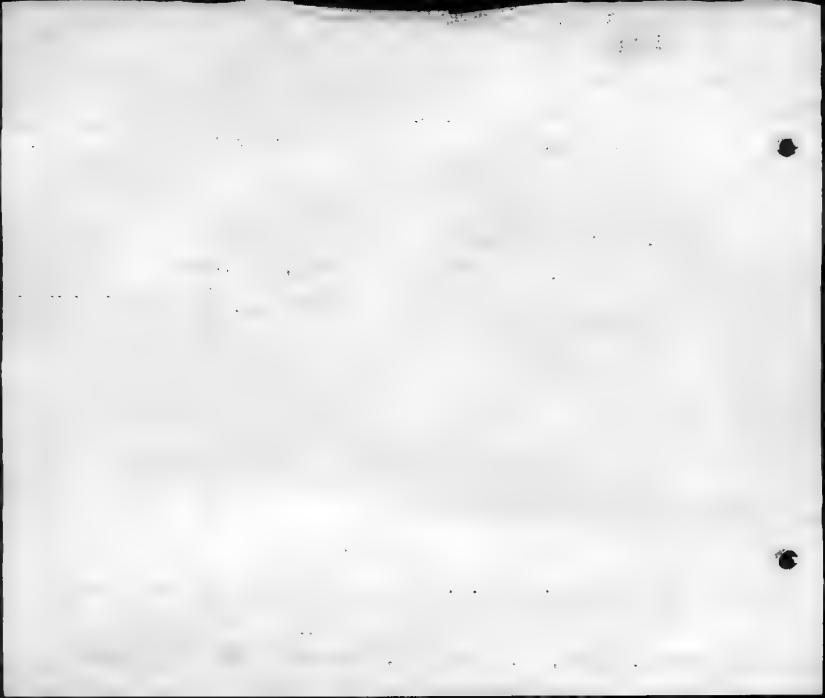
VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 21 Pirm 8-11-66 ams MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY 2, and 3 to PM3. Page b COUNTY jo death. MARYLAND c CITY OR TOWN (It autside corporate , m ts write RURAL and give nearest town) delay b CITY OR TOWN (It autside corporate mits, LENGTH OF STAY IN 16 Glan Echo d NAME. OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS Traffice olong with form hours RAITHIE Stote | NO be executed within 24 hours after death 3 NAME OF Middle 4 DATE within 72 DECEASED OF the (Type or print) DEATH S SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER I YEAR NEVER MARRIED lost birthday) WIDOWED event and 2 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CTIZEN OF WHAT in any pencil in Examiner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM F16 ond WAS DECEASED EVER IN U.S. ARMED FORCE S? 16 SOC AL SECURITY NO icote, writing the ward "pending to be forworded to the Chief Medical permit unknown) (fif yes give war or dates of service) remayal, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ) PART I DEATH WAS CAUSED BY-ONSET AND DEATH 10 Drug intoxication IMMEDIATE CAUSE (a) This certificate should used as o burial-tr bur al, crematian, DUE TO Overdose of several drugs Conditions if any, which gove 2 hrs? rise to immediate cause (a). DUE TO stating the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY CERT F CATION PERFORMED? NO or its designoted ogent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN. JRY OCCURRED (Enter nature of injury in Port I or Port I) of term 18 ) bluods PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Deliberately took overdose of several drugs 20c TIME OF INJURY Manth Day Year 20e PLACE OF INJURY (Home form, factory, street, affice bidg, etc.) While Nat While FUNERAL DIRECTOR: Poge Home Glen Echo of work at wark Montg. 21 I certify that took charge of the remains described above, held an Autopsy M. Inspection X and in my opinion the funeral director. 5 may be retained f death resulted from Natural causes Suicide / V Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** 5 moy 1 TO FUNE Health o 23d LOCATION (City or Town FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

7 MARYLAND STATE DEPARTMENT OF HEALTH





10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65

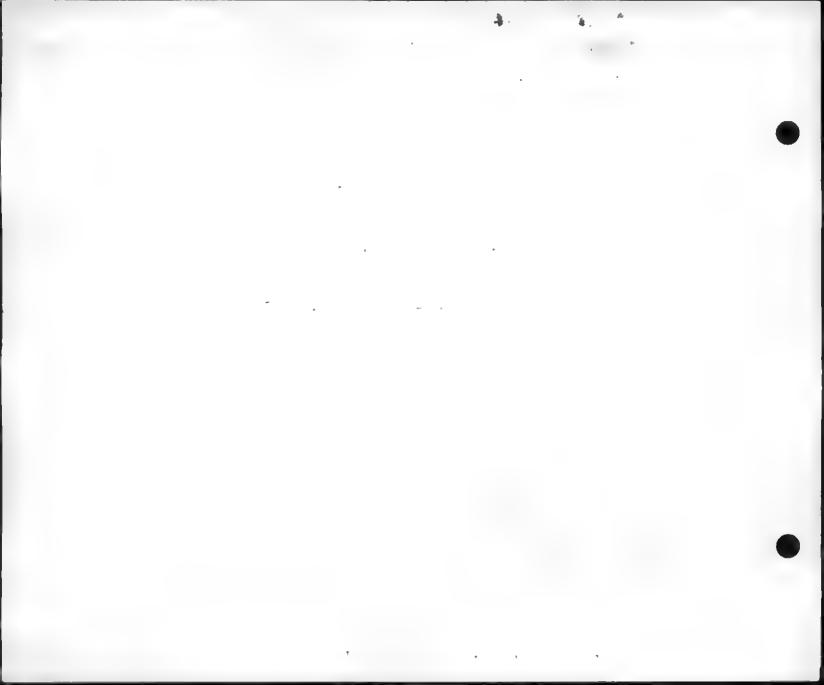
	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03897 CERTIFICAT	TE OF DEATH U3887
1. PLACE OF DEATH a, CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Maryland Maryland	e. STATE Mariachurotta
b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	
Tokowa Park	Algrowa.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Markington Somitonian	195 Novotuck STREET YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) John	Roblin DEATH Morch 15 19 8
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 HRS. lest birthday)   Months   Days   Hours   Min.
N-10 WIDOWED DIVORCED	Mai 15 1801 TJ yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY  Stations of Boile	ra Pitheria
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 455 019-03-1164 M	Many In Bobb. Alorence Para
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	C C C I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	till Rother teft ONSET AND DEATH
IMMEDIATE CAUSE (a)	1) / 4_ /
Conditions, If any, which ) (b)	partinsin a Regulatory (realow weeks home
gave rise to immediate	N J
cause (a), stating the underlying cause last.	gar.
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO X
2Da. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
Hour a.m. While - Not While - fac	tory, street, office bldg., etc.)
	3/// 3
21. I certify that (I) (this hospital) attended the deceased from	2/6/, 1966, to 13/15/, 1966, that (1) (we) last
	at death occurred atM, from the causes and on the date stated above.
220. SIGNATURE A Stockhol	ATTENDING MED. STAFF
22c, PHYSIGIAN'S	D. PHYS. DIRECTOR PHYS.
NAME (Type) Chas H. WoloHoN	131 11 consituated of the Spring Ald.
23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETE	RY OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
24. FUNERAL DIRECTOR OF A LIZE ADDRESS.	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
S. C. Dean Carles 4 7 7 1	WILL IN TOCK Warele . Vicale.
	DAMEAN 10 1956

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY 72 PM3. Page ō death. delay Department C LENGTH OF STAY N 16 m ts write RURAL and give peorest town) CITY OR TOWN (If outs de Carporate limits. RURAL and give negrest-town) ofter akoma d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Haurs form ON A FARM? e State | 72 havi YES NO 24 haurs after death alang with NAME OF Middle DATE lost Month Doy Year DECEASED OF ROT 25 (Type or print) 1966 £ DEATH F UNDER 1 YEAR S SEX 9 AGE (In years FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED X DATE OF BIRTH **NEVER MARRIED** iost birthdoy) Months Doys Hours WIDOWED DIVORCED event 100 SUAL OCCUPATION (Give kind of work done TOB KIND OF BLS NESS OR 12 CITIZEN OF WHAT during most of working life, even it stired) DC Transit COUNTRY? 13. FATHER'S NAME within penci Examin öd ⊆ Wignall Boteler a and \_\_ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Ruth L. Boteler-wife Silver Spring, Md 17 INFORMANT (Yes, no orthornown) ( fiyes give wor or dotes of service) Medical aval. 578-10-8313 NTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) Chief ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute coronary insufficiency: b IMMEDIATE CAUSE (o). This certificate shauld writing the ward cremation, DUE TO Conditions, if ony, which gove Coronary artery heart disease. (b) rise to immediate couse (a). 2 DUE TO stoting the underlying couse forwarded burial, ( used 9 WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) certificate, NO p 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) prior shauld PRIMARY I or CONTRIBUTING I 4 should MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work ot work designoted 21. I certify that I tack charge of the remains described above, held an Autapsy and in my opinian director. death resulted from? Natural causes XX7 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral 5 may be 10 FUNERAL Health or i DEFUTY MED CAL EXAMINER Audio ( street the fount or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY the 230 BUR AL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) BULLIOVAL Specify) March 28, 1966 Washington, DC Rock Creek Cemetery REG STRAR'S SIGNATURE 25b REC D BY REGISTRAR 2Sb Spring, Warner E. Pumphrey, Inc. VR A15ME (5) 6M 1/66

Items 18&21 Film G376 5/MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11 thank

	. 83889	CERTIFICATE	: OF DEATH	09889
1	PLACE OF DEATH O COUNTY NONT GOMES	MARY,AND	2 USUAL RESIDENCE (Where deceosed inved, if institution Reside o STATE UASHINATOR)	nce before odmission)
	b. (TY OR TOWN (If a strict corporate lim to write RLRAL and a ve nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpargle mits, write RURAL and gr	ve nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not	in haspita, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO V
3	NAME OF FIRST	Middle	ast 4 DATE Manth	Day Year
	DECEASED (Type or print) RCC	TER T	BOYDEN DEATH NIARLA	4 8 19 66
S.	SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  10-1-1887  9. AGE (In years FUNDER Months)  When the second se	Days Hours Min
	USUAL OCCUPATION (G ve xind of work dane ring mast of working life, even if retired)	Ob KIND OF BUSINESS OR INDUSTRY FIRE		ITIZEN OF WHAT OUNTRY?
13	FATHER'S NAME	A 1	14 MOTHER'S MAIDEN NAME	
L	(Imos)	Doyden	HNIVIE F. Stein	an ,
1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no. ar unknown) (If yes give war ar dates af s	onuco)		n Bidy. WASH.IL
	18 CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o		de with rupture myocardium	NTERVAL BETWEEN ONSET AND DEATH Instantaneou
	Conditions, if any, which gave (b)	myocardial infare	tion	l week
	stating the underlying cause lost	coronary arterios	clerosis with occlusion	l week
×	PART II. OTHER SIGNIFICANT CONDITIONS COM	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	9 WAS AUTOPSY PERFORMED?
CATIC		s, duodenal		YES X NO
MEDICAL CERTIFICATION	200 ACC DENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part II of Item 18.)	
MEDICA	20c TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		CE OF INJURY (Home, form, 20f (City or town) (Cory, street, office bldg., etc.)	ounty) (State)
l	21. I certify that (I) (this haspi	tal) attended the deceased fram_	APRIL , 1965, to MARCH 8, 19	نده, that (ا) (we) last
ı		Marco # 7 1966, and tha	t death accurred at 622M, fram causes and an	
	22a. SIGNATURE Robert d.	Frielmas M.	D. ATTENDING MED DIRECTOR DIRECTOR PHYS. D	DATE SIGNED
	22c. PHYSICIANS NAME (Type) NOBERT L.	KRICHMAR	22d ADDRESS 773 ? ALASKIA PUEV.	JE N W.
23	BUR AL, CREMATION, 23b DATE THERI REMOVAL (Specify)			(County) (Store)
-	Burial 3-10-19		L Cemetery   Suitland, Md.	CICNATURE
2	FUNERAL DIRECTOR TOSEPHGAWLERS	Sons WAS LI	250 RECID BY REGISTRAR 256 REGISTRAR'S 1966	es fudge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicap-and director, page 3 should be detached for use as the burial-trans. I permit. Then place established be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in a Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

CN

completely filled in by the funeral stove carbon papers. Pages 1 and 2 yevent, within 72 hours after death.

5,12 . r .

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA

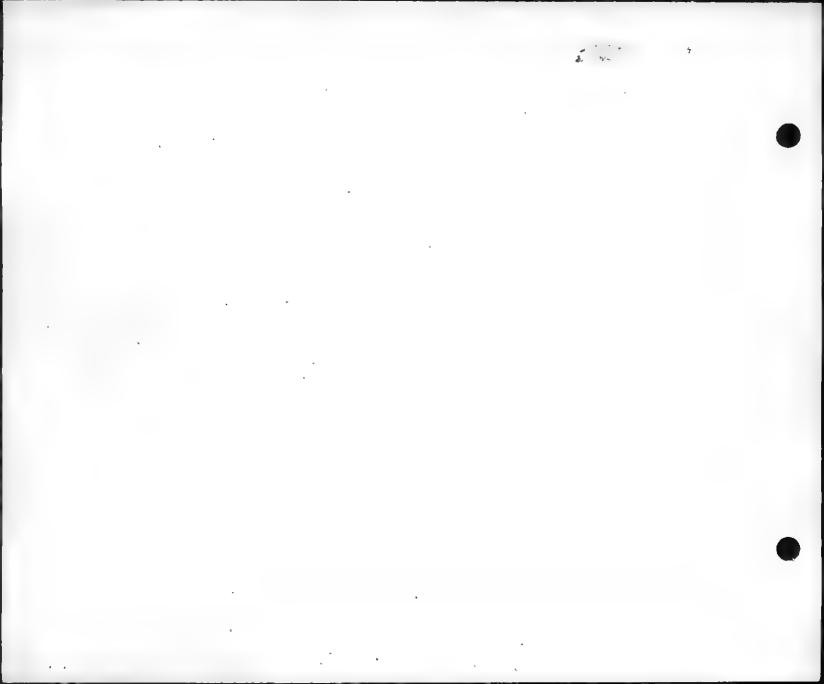
any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PM3 Page with the State Department of within 72 hours after death. the funeral director Page 4 should be farwarded to the Chef Medical Examiner's Office along with farm This certificate should be executed within 24 haurs after Beath 14 5 may be retained for yaur files. THE EXAMINER:

Health ar its designated agent, priar ta burial, crematian, or removal, and in any

	03900 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03890
1	PLACE OF DEATH  Q COUNTY  MARY, AND    2 USUAL RESIDENCE (Where deceosed lived, finish tution, Residence of the county)  Mary Lambert 14 Mary Land  Mary L	e before odmission)
	b CITY OR TOWN It outside corporate limits, write RURAL and give	nearest town)
5	Taroma Park 2hrs - 20mm Dilver Spring a NAME OF HOSPITAL OR HYSTITUTION IT not in hospita, give street address) d STREET ADDRESS,	e IS RES DENCE
	Wash Sant Hospital 727 Univ Blvd. E.	ON A FARM?  YES NO
3	NAME OF DECEASED (Type or print) James Vincent Bright DEATH 3	8 1966
5	SEX 6 COLOR OR RACE 7 MARRIED PREVER MARRIED 8 DATE OF BRTH 1 Sex Punder Months Months W DOWED DIVORCED 12-21-10 Sex Punder) Months	YEAR FUNDER 24 HRS Doys Hours Min
du	MuSIC Booker Diny Meekers Musit Portolk, Va. (19	IZEN OF WHAT
13	Bright, Shibean Bailey, Doroth u Mo	re
15	(es, no, or unknown) (f yes give wor or dotes of service) 578-09-5325	rity Rlud.
	PART I, DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  LOCAL OF CONTROL OF CO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove) (b) Coronary artery Heart Disease	do.
	rise to immediate couse (a), stating the underlying couse last	
AT ON		19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICAT		
MEDICAL	2Dx TIME OF INJURY Month, Doy, Year Hour o.m 2Dd INJURY OCCURRED While of work	inty) (Stote)
	21. I certify that I taak charge of the remains described above, he d an Autapsy, Inspection X, Inquiry X, death resulted from Notural couses X, Accident Suicide, Homicide Undetermined manner	and in my apinior
	death resulted from Notural couses X Accident   Suicide   Homicide   Undetermined manner    CHIEF MEDICAL EXAMINER	
	SIGNATURE ASS STANT MEDICA. EXAMINER DEPARTS ARE SIGNATURE DEPARTS ARE SIGNATURE ASS STANT MEDICA. EXAMINER DEPARTS ARE SIGNATURE.	22. DATE SIGNED
	NAME (Type) BELDEN K. KEAP M.D. Address (Street, HOVA, or county) // CORET	17,1766
23	BERIAL (REMATON, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)  BANGUAL (Specify)  March 31, 1966 Anlington National Cem. Inlinaton Virgin	(County) (State)
2	14. FUNERAL DIRECTOR (Selen Carley & 134 Georgia Aug. 1250 REC D BY REGISTRAR 256 REG STRARS SI	GNATURE
	Carner E. Pumphrey Inc. Salver Spring, Ind. DRIAN I = 1300 / Courte	1.

VR A15ME (5) 6M 1/66

TO DIFFITY



FOR STATE HEALTH DEPT.

delôy is PM3 Poge

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial trans: the permit file pages 1 and 2, thin 72 hours ofter death Health or its designated agent, prior to burial, cremation, or removal, and in any with the State Department of the other or the death. This certificate should be executed within 24 hours ofter death If MEDICAL EXAMINER: TO DEPUTY

**VR A15ME (5)** 6M 1766

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03901	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	03891
	PLACE OF DEATH O COUNTY MONT 900741	MAKYLAND	O STATE	here deceased lived, if institution Resider	cent quiner 4
	b CITY OR TOWN (If outside corporate limits, write RIBAL and give neoral town)	sen. 35m.	Rural .	Tockarson.	e neorest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in RFD. D. CK. r.	_	d STREET ADDRESS	Dickersin	e .5 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Michael	BUTKE ST.	4 DATE Month OF DEATH Morch	Doy Year 2 1966
	M. W. v	MARRIED NEVER MARRIED 8	4/10/188	9 AGE (In years IFUNDER lost birthday) Months	Days Hours Min.
1De dur	usual occupation (Give kind of work done ng most of working life even fratired)	Db KIND OF BUSINESS OR INDUSTRY	11 B RTHPLACE (State of	(0	IZEN OF WHAT
13.	Peter Burke		14 MOTHER'S MAIDEN NA		
15 {Ye	WAS DECEASED EVER NUS ARMED FORCES? as, no grunknown) (If yes give war or dates of ser	vice)	JOHN. M. T.	Buske 214HIPR	ckrille Mid.
	18 CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) _	Gun Shit Wo	und of CI	hest.	INTERVAL BETWEEN SONSET AND DEATH
	Conditions, if ony, which gave )  (b)				
	stoting the underlying cause (c), but TO (c) (c)				
ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUY NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIF C	2Do EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED OF Solf- with			
MEDICA	20c TME OF INJURY Month Doy Year  12 pm 3/2 1966	While Not While 1921 foctor	E OF INJURY (Hame, form, ory, street, office bldg., etc.)		unty) (Stote)
	21. I certify that I toak charge of death resulted fram Natural co	the remains described above, hel	ld an Autapsy 🔲, de 🔀 , Hom cide [	Inspection 🔀, Inquiry 🔏	ond in my opinion
	ACTUAL SIGNATURE SIGNATURE	Ball -	an D	AL EXAMINER D 3/0/	22. DATE SIGNED
	EXAMINER'S NAME (Type)			EXAMINER (X)	
	BURIAL, CREMATION, 236 DATE THEREO 3/7/66	23c, NAME OF CEMETERY OR C	rethem	23d LOCAT ON (City or Town)	(County) (Stote)
24	FUNERAL DIRECTOR Dalleam B. Hills	Tu Barnesille	DATEMAR	BY PEGISTRAR 1966 PEGISTRARS S	



uted within 24 hours after death.

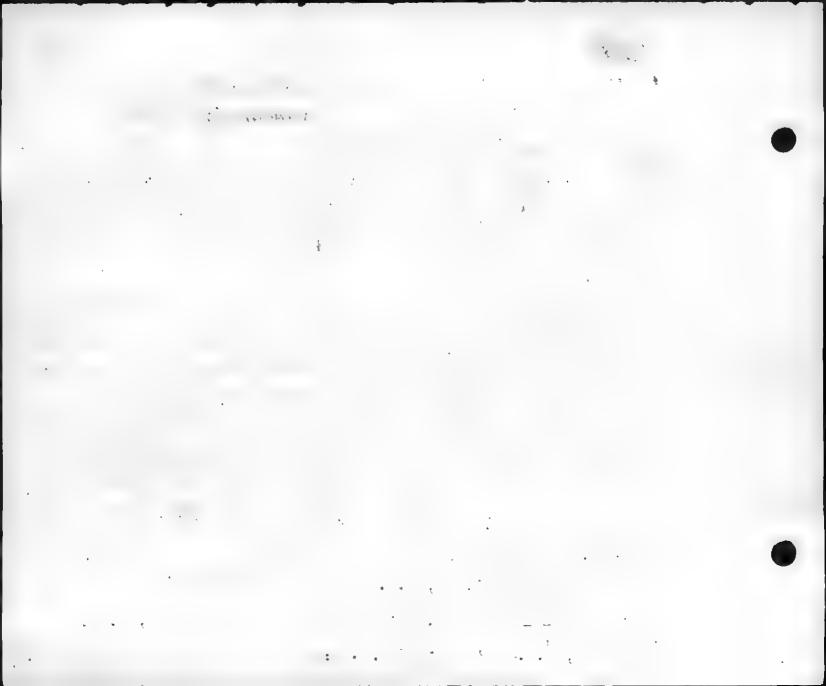
rege → may be retained by the flospital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleame femove carbon papers. Pages 1 and should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be, Page 4 may be retained by the hospital or attending physician.

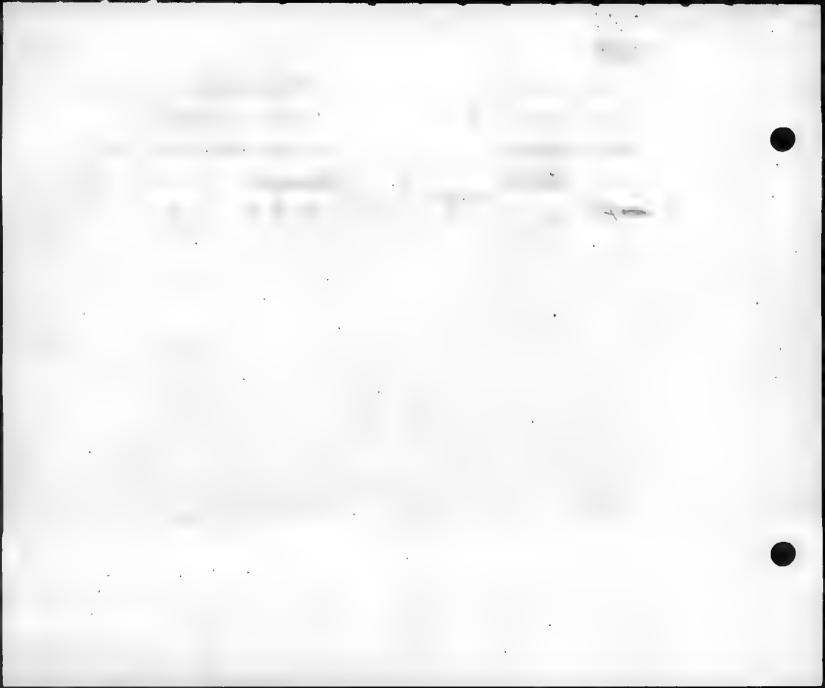
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1122016	OLIVIII IOAI	E OI DEATH		10000
1. PLACE OF DEATH		il	(Where deceased lived, If institution	on: Residence before admission)
MontGomeRu	-/ MARYLAND	DIST. O.	b. COUNTY	The support
b. CITY OR TOWN (if outside corporate limits, / write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		tilde corporate limits, write RU	PRAL and give nearest town)
PECY CHASE		WASHI	HGTON:	14: 19 .
d NAME OF HOSPITAL OR INSTITUTION (if not in	hospitak, give street address)	d. STREET ADDRESS		e. IS RESIGENCE DN A FARM?
Bethesde SIL. Spr. HURS	Home Rd	2807-27	11-ST. N.W.	YES NO NO
NAME OF DECEASED	W Middle	Last	DATE Month	Oay Year
5. SEX 6. COLOR OR RACE 12 MARRIE	D . WEVER HARDIES TO	8. OATE OF BIRTH	19. ACE (In years   IFUN	0 19 6 6 OER 1 YEAR JIF UNOER 24 HRS.
7. MARKIT	THE STATE WARKIES !	9-3-10-70	last birthday) Mont	
10a, USUAL OCCUPATION (Cive kind of work done   10b.	ED OIVORCEO	1 11. BIRTHPLACE (Com	ty & State, or forcion country) 1:	2. CITIZEN OF WHAT
during most of working lite, even if retired)	INDUSTRY ,	0.	- / or lescolar controlly	COUNTRY?
State Dept, Supervisor   U	1,5,60VT.	14. MOTHER'S MAJOEN	NAME DE	U.S.H.
1 10 - 111	*	- D		
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17.	INFORMANT	Address	. 0
(Yes, no, or,unkown)   (If yes give war or dates of service)	A	0 10	DI-1-520	
No. 1 1	177	K. U. GOTIFRE	EY I TO LEE AV	E, DETHESON, MD'
18. CAUSE OF DEATH [Enter only one cause ge PART I. OEATH WAS CAUSEO BY.	r line for (a), (b), and (c).]	· MI	10	ONSET AND DEATH
IMMEDIATE CAUSE (a)	rolin 1 37	my / m	- Common -	3 hack.
OUE TO A	To the last	1. Van	K-	10 40 20
Conditions, If any, which gave rise to immediate (b)	and the state of t		Protoco (	
cause (a), stating the OUETD	Minutes.	1 66	Lao.	
Underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	TUTING TO DEATH BUT NOT DEL	TED TO THE TERMINAL OIS	FASE CONDITION CIVEN IN PART	1(a)   19, WAS AUTOPSY
OF THE STATE OF TH	DOT HOT KEEN	(IED TO THE LEKWINAL OIG	DAGE CONTOUR OF EATHER TAKE	PERFORMEO? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  208. ACCIDENT WAS UNDERLYING 1 20b.  OR CONTRIBUTING 1 CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of In	Jury In Part I or Part II of Iten	n 18.)
3 20c. TIME OF INJURY Month, Oay, Year   20d	. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. Hour a.m. Whi	IO NOT WALLS	ry, street, office bldg., etc.;	)	
21. I certify that (I) (this hospital) atter		1/19 10.5	To to Flound 1. 1	9 6 6, that (I) (we) last
saw the deceased alive on		,	PM, from the causes and	
22a. SICNATURE	;	death occorred acts		. OATE SIGNEO
Istemned Dre	M.0	ATTENOING ME	O. STAFF	3/1/66
220 PHYSICIAN'S NAME (Type) Samuel Dia		22d. AOORESS 4-2		r. Niv.
NAME (Type) Samuel Die	ener, M.D.		West &. C.	and the same
23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
Burial 13-3-1966	Mt. Olivet	Cemeterv	Washington, I	O. C.
24. FUNERAL OIRECTOR	AOORESS	25a. REC'O		RAR'S SICNATURE
Joseph Gawler's Sons, Washington, D.C.	Inc. \$130 Wis	SENW ONTE AR	1 1966 Jelia	rlas Care

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH 2308 PLACE OF DEATH OF USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b write RURAL and give nearest town) SILUER d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? NAME DE First Middle DECEASED (Type or print) DEATH 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH last birthday) Months I Hours **Davs** 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY 1845 EWIFT 13. FATHER'S NAME MOTHER'S MAJOEN NAME REDERICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMAN** 16. SOCIAL SECURITY NO. (Yes, no, or anhown) | (If yes nive war or dates of service) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DRE 10 Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for u Heal NO 150 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) ----Hour -a.m. While Not While p m. at work at work 5 to Mai 30 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on /// ~ and that death occurred at / PM, from the causes and on the date stated above. 3 sh with DIRECT SIGNATURE DIRECTOR TO FUNERAL 22c PHYSICIAN'S ADDRESS 22d. NAME (Type) 23a. BURIAL, CREMATION.I 23b. DATE THEREOF 23cn NAME OF CEMETERY OR CREMATURY 23d. LOCATION (City, town or county) (State) न E<del>MO</del>VÁL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



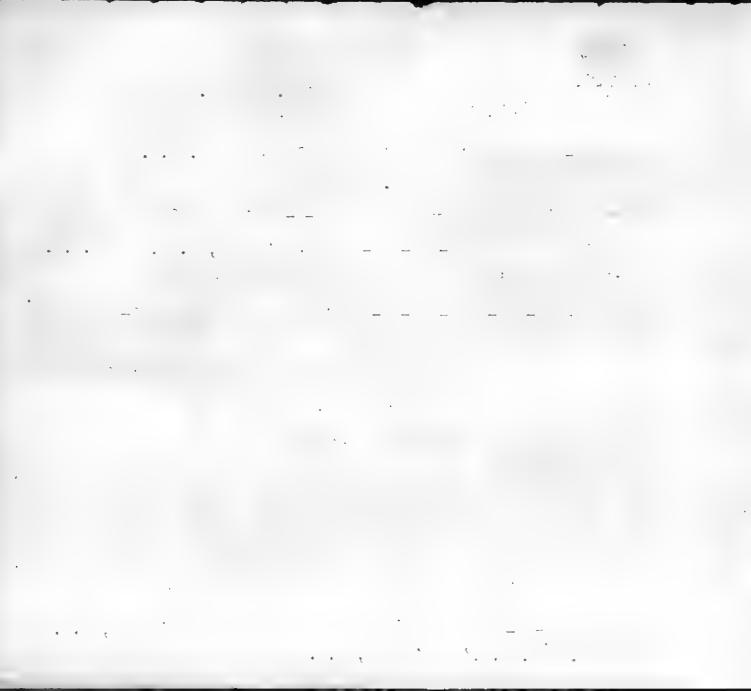
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, adding in event, within 72 hours after death TE CONFITAL BRATTERM PRYSISIAN THE law requires that the Beath mertificate be mecrated within 24 hours after death.

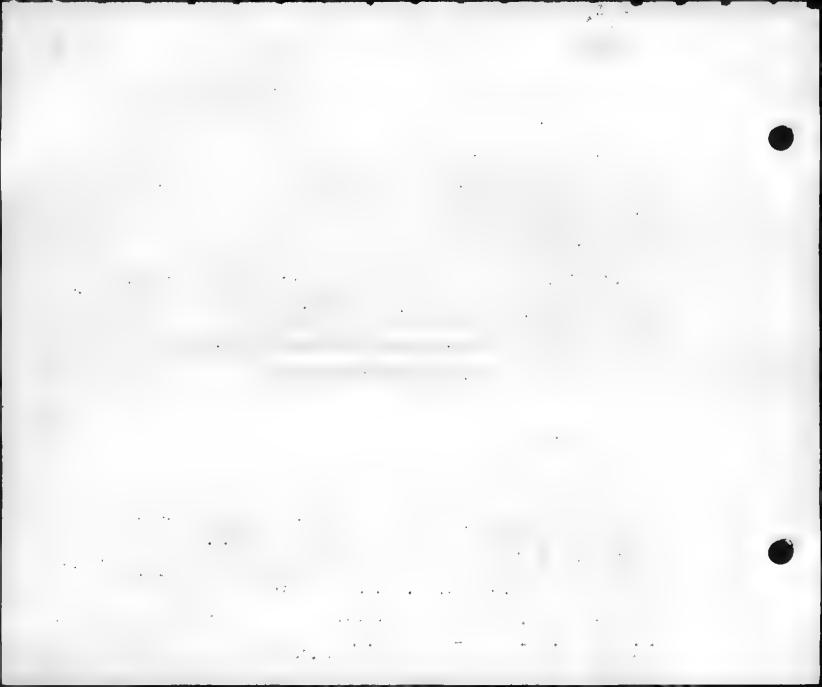
Page 4 may be retained by the has mital or attending mays be man be considered by the has mital or attending may be may be retained by the has mital or attending may be may be retained by the has mital or attending may be made to be ma

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	FISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLANI	)
03904	FISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI CERTIFICATE OF DEATH	9
DU LOS DE DEATH		-

1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery	Dist. of Col.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethes da	Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	{ ON A FARM?
Bethesda-Silver Spring Nursing  3. NAME OF HOME First Middle	4117 38th St. N.W. YES NO X
DECEASED	Last 4. DATE Month Day Year
	Campbell DEATH March 10 1966
2. MARKIED   METER MARKIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED NO DIVORCED	12-4-1866 99 vrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
Housewife	Washington, D. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Florian Friederich	Magdalene Lederer
15. WAS DECEASED EVER IN U.S. ARMED EDROES? 16. SOCIAL SECURITYNO 1.17	INFORMANT Address #2
(Yes, no, or unkown) (If yes give war or dates of service)	#2.
	iss Florence Campbell- See Item
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c). ]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (a)  Jimility	8 ma.
DUE TO	^ .
Conditions, If any, which ) (b) Chronic hung-car	ditis with Congestive Failure 8 mo.
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c) Hypertension	Severe 50 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CON LIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Mitral and autre Steno	Zis 50 9M + PERFORMED?
	JRRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
GR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	mices (cited included injury at 1 six 1 six 1) of item 20-7
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19   While   Not While   racto	pry, street, office bldg., etc.)
21. I certify that (i) (this-hospital) attended the deceased from	uly 19, 1965, to March 10, 1966, that (1) (we) last
saw the deceased alive on March 9 1966, and that	t death occurred at 9 15 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
4. To To Comian M.C	D. ATTENDING   MED. STAFF PHYS.   March 10 1966
22c. Physician's NAME (Type)	22d. ADDRESS
Tr Jules D. Damiav	1 2741 34th St. 11.W.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3-12-1966 Congression	nal Cemetery Washington D.C.
24 FUNERAL DIRECTOR	121 Cemetery Washington D.C.   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Joseph Gawler's Sons, Inc. b130 Wisc. Ave. N.W. Washington, D	.C. MAR 14 1966 Marles Judge

VR A15 (4) 20M 1/65





FOR STATE HEALTH DEPT.

cessary, funeral 5 may be File pages 1 and 2 with the State Department and In any event within 72 hours after death.

TO DEPUTY MED EXAMPLER: This certificate at any delay please executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office aboug with form PM3. Page retained for your files. 3 should be used as a burial-transit permit, agent, prior to burial, cremation, or removal, TO FUNERAL DIRECTOR: Page of Health or its designated VR ALSME (5)

1/65

LAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03506 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 2.000 NPV	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  1. STATE  (b. COUNTY
b. CITY OR TOWN (If outside corporate limits. A-c. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (Woutside corporate limits, write RURAL and give nearest town)
(Write RURAL and give mearest town) / / 2 1/105	E. CITTLER TOWN OF DUISING CON DUISING WITHOUT ROWN AND BING BY BO HEAD ST. COWN,
d. NAME OF HOSPITAL OR INSTITUTION OF not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE
2502 Henderson (We,	2502 Henderson ave, YES NO
3. NAME OF DECEASED (Type or print) PAULINE LUCILLE CHI	LOERS OF MARCH 1, 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8  TO DIVORCED   100	DATE OF BIRTH  9. AGE (in years IF UNDER 1 YEAR   FUNDER 24 HRS.     19st birthday   Months   Days   Hours   Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
during most of working life, even it retired)  INDUSTRY  Nene	Wash, D. C. C. L. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN CHARLES MEIDE	MARY FRANCES INTRBY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, mo. or unknown) (if yes give war or dates of service)	INFORMANT 14720 JANICE ADDER, ROCKVILLE,
10 317-07-3365MA	RY JANE NEIL (DAUGHTER) MD
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), end (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ONSET AND DEATH
tale 1 DUE TO C	1 000
Conditions, if any, which ) (b) Case trail	Hypertension,
geve rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	TER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	AES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  208. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Part 1 or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. p,m. 19   While   Not While   Factor	7,7,0,1004,1011,1011,1011,1011,1011,1011
21. I certify that I took charge of the remains described above, held	d an Autopsy 🔲 , Inspection 💢 , Inquiry 💢 , and in my opinion
death resulted from: Natural causes Accident , Suid	cide, Homicide, Undetermined manne?
ACTUAL KOOM K. COAS	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT ASSIS
EXAMINER'S BELDEN K, KEAP, M.	D. Address (Street, city, town, or county) // Crck /, 1766
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR GRAMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
JAST, RYAN, FUE PARMING 317 PARKE S.L	E DCs oAlin 4 1966 7 " variley Judge



the Stote Deportment of

poges Tand 2 Why the State Department of in ony event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03907	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	03897	
	o COUNTY Montgonery	) MARYLAND	2 USUAL RESIDENCE (Where deceased ved, if a STATE Mary/and. b	county Montg::nercy.	
	b CITY OR TOWN (If outside corporate I mits, we be RURAL and give nearest town)	c LENGTH OF STAY IN 15	CCTY DR TOWN (If outside carporate imits, wri	/	
	7204 Conn.	nospital, give street address)	7204 Conner	Pe S RESIDENCE ON A FARM? YES NO NO	
3	NAME OF DECEASED (Type or print) AARE	ElizaBETH	Christee OF DEATH	Manth Day Year Merch. 3/ 1966	
5		MARRIED NEVER MARRIED   1	B DATE OF BIRTH 9 AGE (In ye lost birthd		
dua dua	USUAL OCCUPATION (Give kind of wark dane yng mast af wark na hie even if retired)	106 K NO OF BUSINESS OR NOUSTRY	11. & RTHPLACE (State or foreign country)  NEW YORK	12 CT ZEN OF WHAT COUNTRY?	
13	Chris	tie.	14. MOTHERS MADEN NAME E/e.Zabath. H	lenderson.	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor ar dofes of sen		NFORMANT	Address	
	1B. CAUSE OF DEATH (Enter only one cause po PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Ir	nsufficency Acu	te sonset and death	
	cond t ons, if any, which gave rise to immediate cause (a).  stoting the underlying cause (c)  (c)	Coronary Ari	terioselerosis _	years.	
ATION		IBUTING TO DEATH BUT NOT RELATED TD T	THE TERMINA. D SEASE CONDITION GIVEN IN PART I	(a) 19 WAS ALTOPSY PERFORMED? YES Y NO	
CERTIFICATION	20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED (	(Enter noture of invery in Port I or Part I of item 1	8)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19		CE OF INJURY (Hame, farm 20f (City or towary, street, office bldg , etc.)	vn) (County) (Stote)	
21   certify that   taak charge of the remains described above, held on Autopsy [X]. Inspection [X]. Inquiry [X], and in a deoth resulted from Natural causes [X], Accident [_], Suicide [_], Homicide [_], Undetermined manner [_]					
	ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  SOHN GR	Ball	M_D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county)	4/2/66 22. DATE SIGNED	
230	BHRIA. (REMATION 23b DATE THEREOF	1966 Kenses Cen		or Jown) (County) (State)	
30	THE PHATETOR	ADDRESS	250 REC'D BY REGISTRAR 2S	b REGISTRAR S'SIGNATURE	

Garroles+NW

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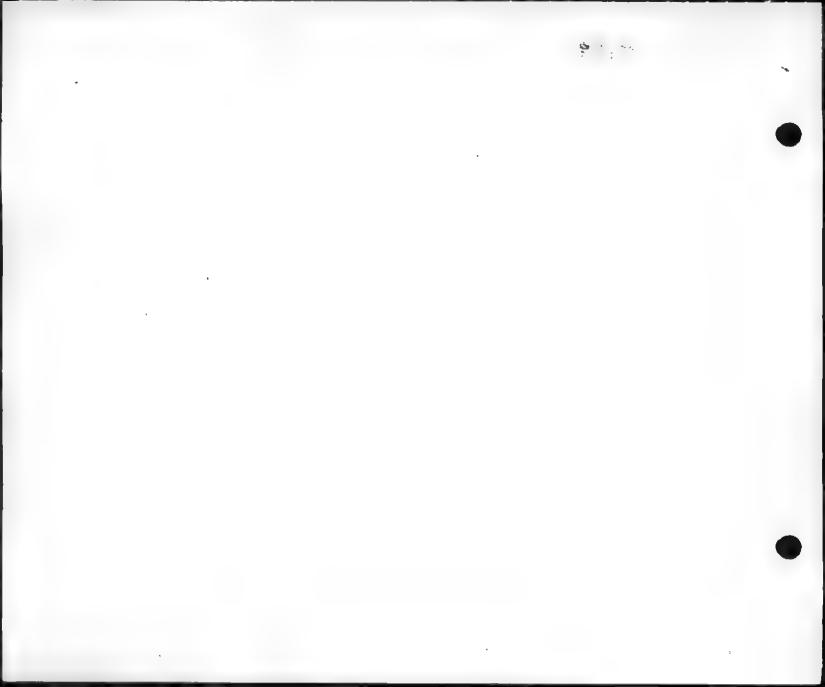
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior to burial, cremotion, or removal, and

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be exemuted within 24 hillurs ofter death

TO DEPUTY MEDICAL EXAMINER:



24 haurs after death. by the funeral Pages I and deat apers. Pages 1 n 72 haurs after led executed within eve signed by the attanding physican and co burial-transit permit. Then please remay bur al, crematian, ar remayal, and in any i the death certificate hall been see as the late to the prior to the TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached far use should be filed with the State Dept. af Health ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Washington, D. C. COUNTY o COUNTY Montgomery MARY, AND c CITY OR TOWN (If autside corparate Hmits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corparate mits, Bethesda (rural) Washington 165 days e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS U. S. Naval Hospital 2224 40th Street N. W. YES NO A 3 NAME OF First Midd e DATE Manth Day Year DECEASED OF March 19 66 18 Jacob Christman Jr. Harvey (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX NEVER MARRIED DATE OF BIRTH 9. AGE (In years 6. CO. OR OR RACE 7 MARRIED (ast birthday) Haurs 10 July 1916 Male Caucasian WIDOWED DIVORCED 10a LSLAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY Lehighton, Pennsylvania U. S. Navy 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Christman. Sr. Martha Jane Snyder Harvey Jacob 220 gest Ob Street N. W. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service)
Yes 1943 - 1966 202 10 8541 Mrs. Frances Christman Washington, D. C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Bronchiectasis with associated diffused IMMEDIATE CAUSE (a) interstitial pulmonary fibrosis and DUE TO Canditions, if any, which gave pneumonia rise ta immediate cause (a), **DUE TO** stating the underlying cause last. 19. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) 20c TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg , etc.) While Nat While at wark 21. I certify that (I) (this hasgital) attended the deceased fram 4 October, 1965, to 18 March, 1966, that (I) (we) last saw the deceased alive an 18 March 19 66, and that death occurred at 9:22 MF fram causes and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED STAFF 19 March 1966 M.D DIRECTOR Naval Hospital, Bethesda, Md. Zimmerman, LT MC 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 236 DATE THEREOF 23d LOCATION (City or Town) (County) (State) Arlington National Arlington, Virginia 254 CREISBRAR'S BUGNALURES

DATE

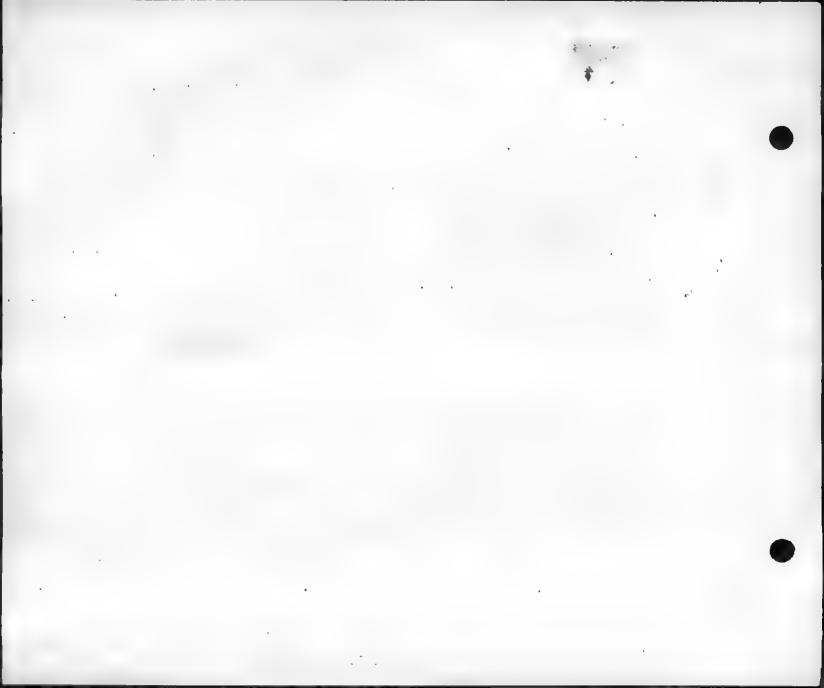
Washington, D. C.

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Joseph Gawler & Sons

be retained

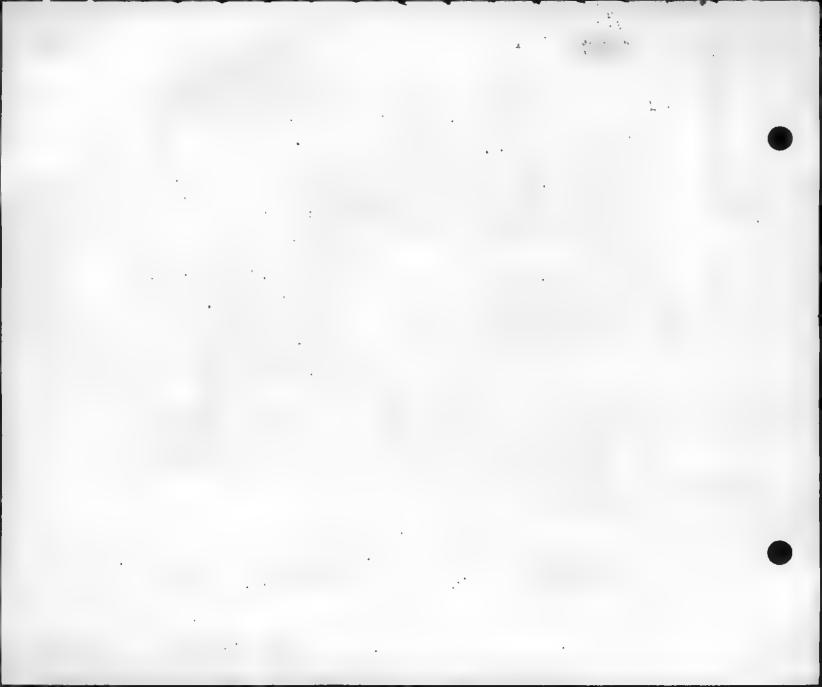
TO HOSPITAL



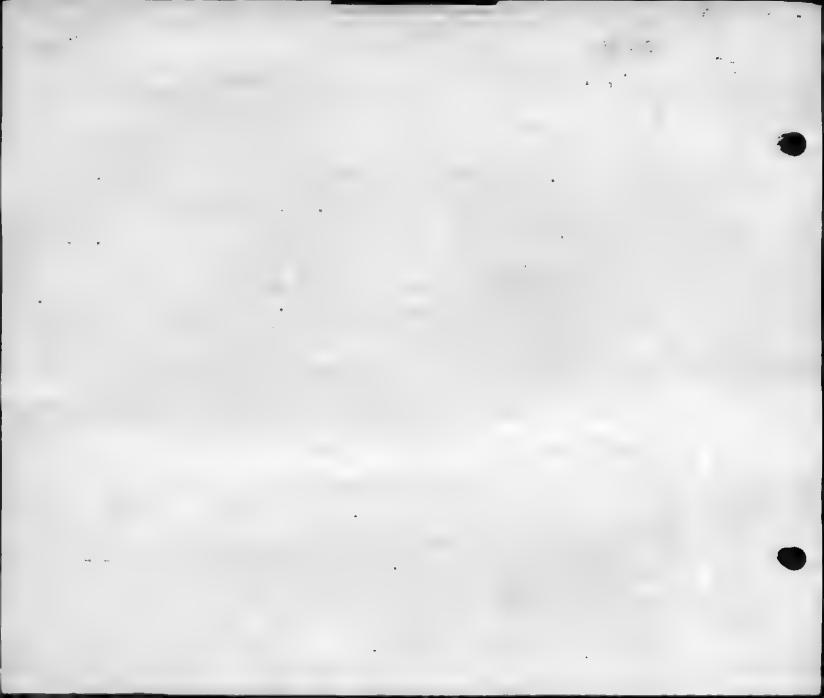
TO HOSPITAL OR ATTENDING PHYSICIAN: The law mainings that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
a. COUNTY MONTGOMERY MARYLAND	a. STATE District of Columbia	
D. CITY OR TOWN fit outside cornorate limits. L. C. LENCTH OF STAY IN 15	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Ti Koma Park, Md. 2mas. 24days 3/2/1	Washington ,	, .
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE ON A FARM?
Washington Sanitarium and Hospital	480/ConnecticuttAve.	YES NO X
3. NAME DF First Middle	Last 4. OATE Month	Day Year
(Type or print) HIPNA I PENE	CIAN ( DEATH ITTAY CIT)	2/, 1966
5. SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Female White WIDOWED DIVORCED DI	August 8, 1892 73 yrs.	
1Da. USUAL OCCUPATION (Cive kind of work done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
Teacher-Retired	Calitornia U.	S. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry Kulison	Wilamena Butenop	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
(1) Jes glic and of dates of section)	lospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		
DUE TO // O. O.		2. 6
Conditions, If any, which (b) / alludud	y tentralisen	Luthour
gave rise to immediate cause (a), stating the DUE TO	1' 0.	6:21:00
underlying cause last. (c) / Ol wat TV	Trou	o mas -
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY PERFORMED?
5 Fally Intiltration of 1	ver	YES NO
PARTII. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTREE  TO HOLL TO THE TOTAL CONTRIBUTION OF THE TOTAL CONTR	URRED. (Enter nature of Injury In Part I or Part II of Item 18.	)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour a.m. While - Not While fact	ory, street, office bldg., etc.)	2, (2,2,2,4)
	0 = 5 / 20/5 10 = 5/21	/
21. I certify that (I) (this hospital) attended the deceased from	OPC 24, 1965, to March 2/ 196	a, that (I) (we) last
saw the deceased alive on Aak Ch. 20th 1966, and the	at death occurred at 33 94 M, from the causes and on the	ne date stated addive.  ATE SIGNED
1228. STENATURE 1920 Stillaum M.	ATTENDING MED. STAFF	ch21, 1966
22c. PHYSICIAN'S NAME (Type) & 95/e W. Williams.	831 University Block E Silv	er Spring Me
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LDCATION (City, town or con	inty) (State)
Cremation 3-22-60 Lee's Crem		44
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR	S SIGNATURE
Le Funeral Hole Washin to	1, L. ComMAR 24 1966 Peliante	y Judge
	/ 19016	

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STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town! Rockville Bethesda d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Suburban Hospital 10401 Grosvenor YES NOK papers. 3 NAME OF Yeer M ddla DECEASED GERTRUDE CLARKSON 1966 (Type or print) DEATH March pou ¥II. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. 9. AGE IIn years LIF UNDER I YEAR 68 birthday) and Car Female WIDOWED [ DIVORCED please rem 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Auditor -Gov t Retired Marvland 18 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Summers Charles Hildebrand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordates of service) Same as Item 2. Russell Clarkson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c) the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z use prior 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) þ Health detached 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) \_factory, street, office bldg., atc.) Not While ö at work at work DIRECTOR 1965 to 20012, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 2 ...1965, and that death occurred at 3 4 4M, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b, DATE ATTENDING SIGNED 3 PHYS. DIRECTOR death. Page 4 HOSPITAL M.D. page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed \ 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify)
Burial O TE Arlington Nat'l Arlington. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE Pumphrev Bethesda. Md. VR A15 [4] 20M 5 63 Coroner



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

deloy is

24 hours ofter dwath If vin Item 18. Give Pages 1,

olong with

Office (

the Chief Medical Examiner's

pencii i

This certificate should be executed within

writing the word

necessory, please execute the certificate,

be forworded to

should

Poge

the funeral director.

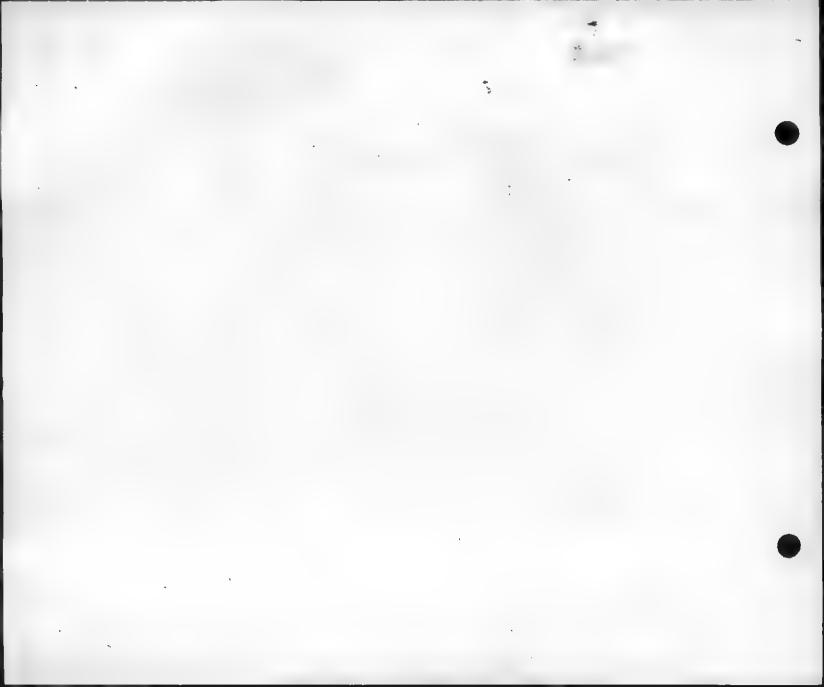
2, anu PM3. Poge of deoth. Department of to hours State the ≥ land 2 even poges I pup or removal, burial, cremotion, ţ prior 3 should agent, I

files. moy be retained for your FUNERAL DIRECTOR: Page designated 5 moy be ro FUNERAL Health or i

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY intomer protesta b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate-limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If auts de corparate limits, write RURAL and give nearest tawn) evy Chase 42015 Chas d. NAME OF HOSP TAL d STREET ADDRESS S RESIDENCE ON A FARM? (If not in hospital give street oddress) Chery Chase-Lz NO X 3. NAME OF Middle Day DECEASED (Type or print) DEATH SEX 6 COLOR OR RACE AGE (In years F UNDER YEAR FUNDER 24 HRS NEVER MARR ED lost birthdoy) Hours D.VORCED 10a USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR B RTHPLACE (State or foreign country) 12 CT ZEN OF WHAT COUNTRY? during mast af wark ng lile, even if retired) INDUSTRY Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucy Stewart Warren R. Roberts S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 340-20-5956 Kenneth S. Cole Item 2 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c) ) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) DUE TO Arterio Scleresis of Caronary Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES X NO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, form 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) at work at work 21. I certify that I took charge of the remains described obave, held an Autopsy Inspect an  $\mathbb{Z}$ , Inguiry X and in my opin an death resulted from: Natural causes 💢 Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) John G. Ball Address (Street, city, town, or county) 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Cedar Hill Prince George County. Cremation 3-19-66 25a REC'D BY REG STRAR 24. FUNERAL DIRECTOR

uneralHome Tie Pike, Rockville,

VR ATSME (5)



TO FURERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit mermit. Then please teams, carbon papers. Pages 1 and should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any great, within 72 hours after defiting. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

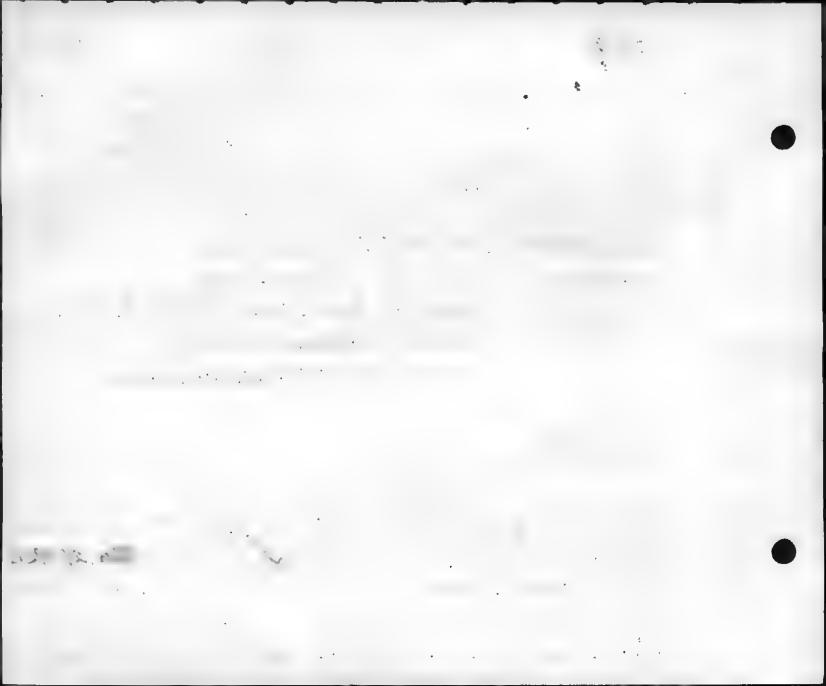
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE DE DEATH

1 2 USUAL RESIDENCE (Where deceased lived, 15 institution: Residence before add

00010	OERTHIOATE OF DEATH		103112
1. PLACE DF OEATH	2. USUAL RESIDENCE	(Where deceased lived, if institution: Re	esidence before admission)
2. COUNTY TANDERUS	a. STATE	b. COUNTY	n 20 h 11
b. CITY DR TOWN of outside corporate limits.	c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	C. Citt Dr. Identition	S	and give ite de cot torris
dilita Spring	1 Laup diver	) String	
d. NAME OF HOSPITAL OR INSTITUTION HIS not in hos	pital, give street address) d. STREET ADDRESS	0/1/1/0	e. IS RESIDENCE ON A FARM?
Holy Cross	18802	Bradford Od	YES NO 4
3. NAME DF First DECEASED	Middle Last	4. DATE Month OF	Day Year
(Type or print) MAI			2./ 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8. DATE OF BIRTH	1 1 2 2 4 5 1 1	1 YEAR IF UNDER 24 HRS.  Days Hours Min.
Female White   WIDDWED [	DIVORCEO 2/16/03	6 / yrs.	
during most of working life, even if retired)	ID OF BUSINESS OR S. JAL BIRTHPLACE (Com	inty & State, or foreign country)   12. Cl	TIZEN OF WHAT
Decretary Checket	you. To their	run U	13,
13. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	
John A. Anderson	Clara M.	Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S. (Yes, no, or unkown)   (If yes give war or dates of service)	OCIAL SECURITY NO.   17. INFORMANT	POOD P. Address I P	-1
4.1	-20-8571 Homer C. Colto	8892 Bradford Re	U 1 1
18. CAUSE DF DEATH [Enter only one cause per lin		a samer sprang, r	INTÉRVAL BETWEEN
		4.0.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ocardial Poposkioppost In	suffiency	
4/6 X DUE TO PM	41 1 4 11		
Conditions, If any, which (b)	eumatic heart diseaseypus	WYNVVVIANOSOHKOSKOSOS	<u></u>
gave rise to immediate	AUCUA	STOCK SOCIAL STATES	
underlying anger last			
	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
TA O I	THE TENEDOCTION OF THE PERSON		PERFORMED?
E Col methyesis			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  Col methyesis  2Da. ACCIOENT WAS UNDERLYING   20b. DE  CONTRIBUTING   CAUSE DE DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter nature of I	njury in Part I or Part II of Item 18.	)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJ	URY OCCURRED   20e. PLACE OF INJURY (Home, far	m,   20f. (City or town) (Cou	nty) (State)
Hour a.m. While	Not While factory, street, office bidg., etc	2)	
p.m. 19 at work	at work		
21. I certify that (!) (this hospital) attended		66, to 21 March, 1966	
saw the deceased alive on 24 March	1966, and that death occurred at 2,	35M, from the causes and on th	ne date stated above.
22a. STATURE		7-11	ATE SIGNED
Mornay Joea		ED. STAFF PHYS.	1.2/1466
22c. PHYSICIAN'S	22d. ADDRESS		Maruland -
NAME (Type) Thomas P. Fore	ants 1011 Um	iversity Blud Sil	wer Spring
238 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LDCATIDN (City, town or cou	
I REMOVAL (Specify)		0 0	44.
	Hiran Cemetery 434ADGESSrgia Avenue   258. REC'		S SIGNATURE
a Britan Burgaran		28 1966 Acharla	Judge.
Warner E. Pumphrey, Inc. S.	ilver Spring, Md. IDMAR	28 1966 Janes	

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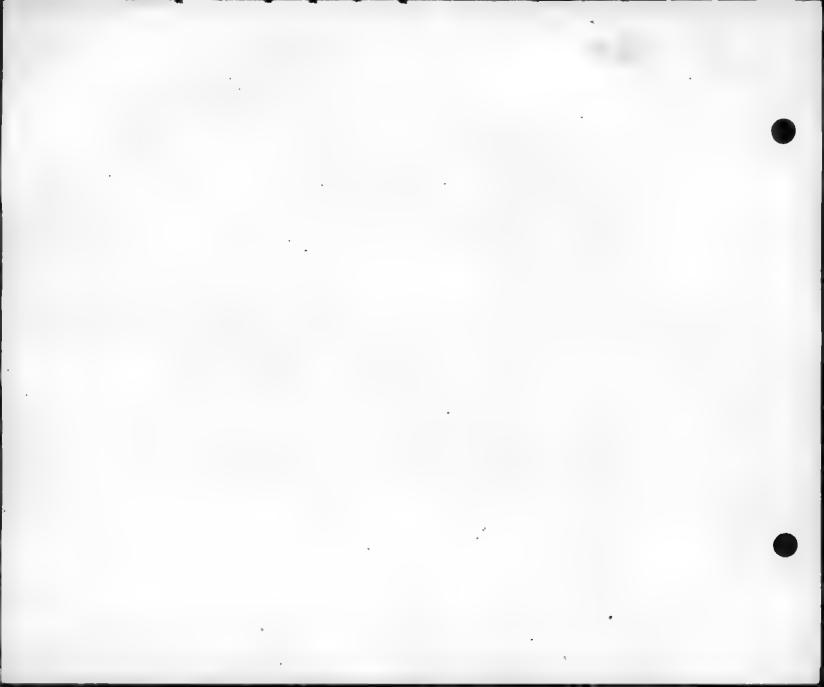
funeral and 2 and 2 death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1	U U V L U
	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY  b. COUNTY
Н		montgomery Maryland b. county,
		b. CITY OR TOWN (If outside corporate limits,   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
- 1		write RURAL and give nearest town)
		Lakoma Pyrk, Isdays, 10th, Oning Hallphi
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)  d. STREET ADDRESS  e. IS RESIDENCE
- 1	14	ashinaton Sanitarium & Hospital 8402 20th Ave. VEST NOIX
	1/1	
	3.	NAME OF First   Middle Last   4. DATE Month Day Year
		(Type or print) John Danny (John Death March 28, 1946
	5.	SEX   6, COLOR OR RACE   7 MARDIED   NEDICO MARDIED   8. DATE OF BIRTH   9. AGE (In years   FIINDER 1 YEAR   FIINDER 24 HRS.
	1	[A   1//   A   1
		Tale Wilder Wilder Divorced Hagust 3, 1771 18 yrs.
	10a	USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11 BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	uui	Ing most of working life, even if retired) INDUSTRY
	12	Student N.A. UC USA
	13.	FATHER'S NAME
		John Connor I da Mola
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
	(Ye	s, no, or unkown) (If yes give war or dates of service)
		NO HOSPITAL RECORDS 1600 CAPPOLL HUE
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
		IMMEDIATE CAUSE (a)
		1134 DUE TO 2- 1 CI
		Conditions, If any, which (b) Witaskatic Caremana (8) months
		gave rise to Immediate
1		cosso (a), stating the
	z	underlying cause last. (c)
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Š	YES NO NO
	CERTIFICATION	209. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.)
	5	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	WEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
		Hour a.m. While Not While factory, street, office bldg., etc.)
	≊	p.m. 19  at work   at work
		21. I certify that (I) (this hospital) attended the deceased from my, 1964, to me 28, 1966, that (I) (we) last
		saw the deceased alive on 27 19 66, and that death occurred at 350 AM, from the causes and on the date stated above.
		228. SIGNATURE
		Celling Jessey MED. 3-28-66
		M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS
	ŀ	NAME (Type) ANTHUR S BRESLER 1886 LOCKWOOD DRIVE, SILVER SPRING
	23a	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
1	1	Burial 3/30/1966 Gate of Heaven Com Silver Aring and
	24.	Natitey's funeral mc. nathle light and Milanda Mudal
		Fome Inc. Warvland Aver 1 1956 Freeze June 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the "ttem"ing mystolar and completely filled in by the funeral dimetor, pagm 3 mhould to detacted on use me the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Fig. supported to attending supported from the faw requires that the death cert. sate-08, secuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



1 (M)

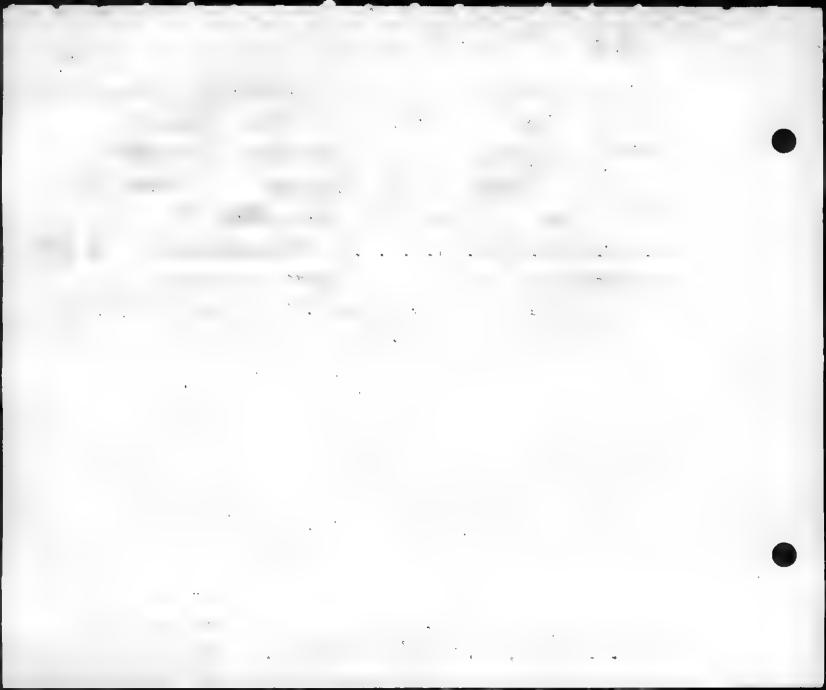
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. FIGURERITAE BY ATTEMENT PHYSMIAN: The law remains that the doubt certificate by exempted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

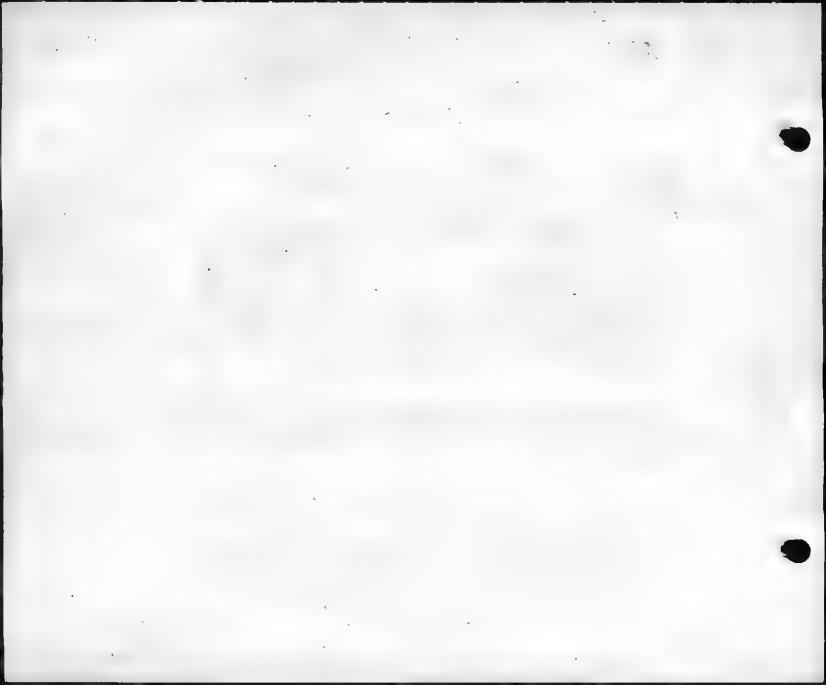
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE DE DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission	n)
	a. COUNTY MARYLAND	"ANTERVIAND "COUNTY ALTERNA ERI	
-	b. CITY OR TOWN (if outside corporate Mmits, write, RURAL and give nearest town)	c. CITY DR JDWN (If outside corporate limits, write RURAL and give nearest flown	1)
	SI WER SPRING 30 DAYS	Silver SORING !	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   6 IS RESIDENC	
1	Holy CROSS	8102 ACK CREST BR. YES NOK	
3.	NAME DE FIRST MIDGIN	A Last 4. DATE Month Day Year	_
١	(Type or print)	CONNOR DEATH MARCH JG 19 66	) )
5.	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR    13st Pirthday)   Months   Days   Hours   Min.	
_	WIDDWED DIVORCED	10-6-1486 79 yrs.	
dt	DR. USUAL DCCUPATION (Give kind of work done IDD. KIND OF BUSINESS DR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN DF WHAT COUNTRY?	
K	et. Asst. to Dir. transp. Div. G. A. O.	1 14. MOTHER'S MAIDEN NAME	
	ames Kandex Connor	Booos Mary Plannigan	
1	5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND.   17.	INFORMANT 8102 Parketest Drive	_
10	(es, no, or unknown) (If yes give war or dates of service) 220 - 44-5806 Agri		
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Accelery ONSET AND DEATH	
	DUE TD / 1		
	Conditions, If any, which	ulminary employence year	1
	gave rise to immediate cause (a), stating the DUE TD		
2	underlying cause last. ) (c)		=
3110	PART II. OTHER SIGNIFTEANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
FIC		YES NO	1
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUDENCE THE PROPERTY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	700 00	CE DF INJURY (Home, farm,   2Df. (City or town) (County) (State)	_
MEDICAL	Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)	
2	p.m. 19   at work   at work	May 1965, to 3/26/66 19 that (1) (we) las	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased give on 3 2 4 4 4 19	death occurred at 1 M, from the causes and on the date stated above	
	228. SIGNATURE	22b. DATE SIGNED	-
	Jay 11 Thuring M.O.	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI 5-27-66	
	22c. PHYSICIAN'S 10 / P (1)	22d. ADDRESS	
	1 - 101/ K. 3/11/4/ 11/20 14/3	82 (8 Unsconsur the Sething	
23	a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY		
-	Burial 24 March 1400 St. Johns	Forest Glen, Maryland	
) 2	Warner E. Pumphrey, Inc. Silver Spring,	Mary all R 2 9 1966 Harles Judge	
	manage Co I south and 2 such and an absorbal	L DELEGI LA	

VR ALS (4) 17



Items 18821 Film G376 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporate limits, write RURAL and give neares) town) 3 to the 1 Page 5 m e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) ON A FARM? State hours NO.IX NAME OF DATE Month Day 3. Middle OF DECEASED DEATH 19 (Type or print) MIN AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 ARS DATE OF BIRTH SEX 6. COLOR RACE 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED 10a. USUAL OCCUPATION (Give kind of work done i BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY USA. pages l MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ERMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Fyloric stenosis accompanied by electrolyto IMMEDIATE CAUSE (a) DUE TO malnutrition, and dehydration. Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the the word ' underlying cause last. (c) PART II. OTHER SIGN, FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, writing the should be forwarded to the YES XI NO" DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 모집 CAUSE OF DEATH. 3 shoul MEDICAL 120e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated at work at work Inquiry and in my opinion Inspection 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Undetermined manner Homicide death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER YOUL Page / 22. DATE SIGNED execute ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER FUNERAL director. retained f town, or county) NAME (Type) Address (Street. EMETERY OR CHEMATORY LOCATION (City, town or county) (State) NAME OF BURIAL CREMATION 1 23b. 23c. DATE THEREOF ö march 16, 0 REC'D BY REGISTRAR FUNERAL DIRECTO 25a. VR A15ME 3500 4-64



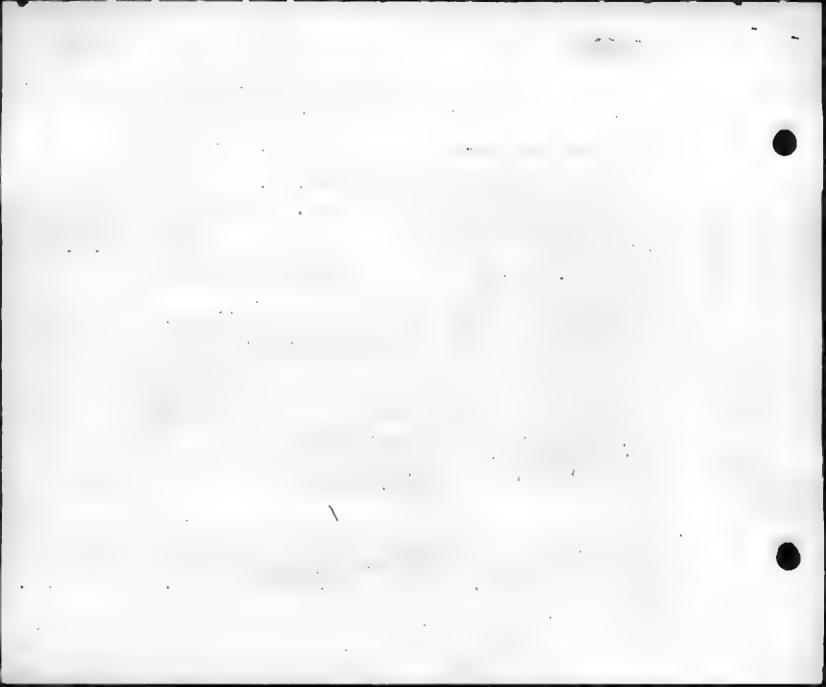
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1/65 (4)

VR A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03916
CERTIFICATE OF DEATH
1. PLACE OF DEATH
1.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, II Institution: Residence before admission)
a. county Montgomery Maryl	ANO B. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Takoma Park	Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad	
Washington Sanitarium	8004 - 14th Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	OTTRELL, SR. DEATH March 2, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED NO OLYORCED	Sept. 8, 1890 69 yrs. 5 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Plumber Retired	Richmond, Virginia U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Julian S. Cottrell	Eva Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address
No Unknown	WASHING ( 200 DI THURS 18 1200 CO)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	.] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Chronic I	Oyelonephritic sev. 43
GCCO OUE TO	
Conditions, If any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  BE WILL, W PEO THE TECHNOLOGY  205. ACCIDENT WAS UNDERLYING THE OR CONTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING THE OWN ANJUR  OR CONTRIBUTING THE OWN ANJUR  (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
& RENIGN PROSTATEC HUPE	Tropley YES NO NO
208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJUR	Y OCCURRED center nature of injury in Part I or Part II of Item 18.)
	De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased fro	om 1/27/66, 19 to 3/2/66, 19 that (I) (we) last
saw the deceased alive on 3/2/66 19 ar	nd that death occurred at 22M, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNED
Triburd tollen	M.D. ATTENDING DIRECTOR DIRECTOR PHYS. 3/2/66
NAME (Type) DICHARD H DOLLEN	22d. ADDRESS
NAME (Type) RICHARD H. POLLEN	10511 Summit Ave., Kensington, Md.
- REMOVAL (Specify) : _ /. /	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	oln Cemetery   Prince Geo. Co., Md.
Robert A. Pumphrey Bethesda,	1 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda,	Md. DATER 7 1956 Principles & right



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate To executed Page 4 may be retained by the hospital or attending physician.

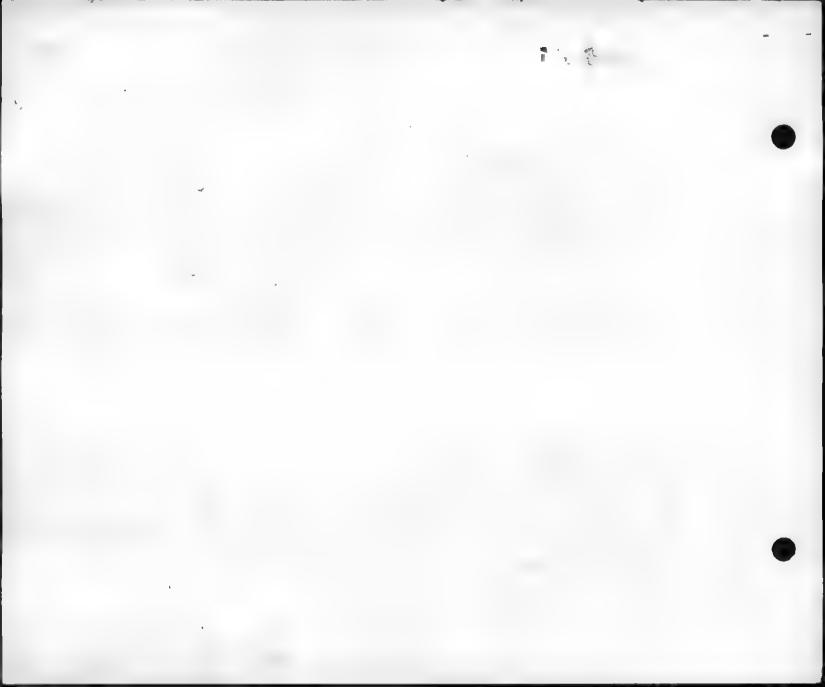
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLAGE OF DEATH a, COUNTY, \	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
(1) - +	a. STATE b. COUNTY	J
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest/town) /	/ / / · /	and Riso acatese tours
Turama tark I I days	Arlington	y
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington Sanitarium + Hosp.	4271 S. 35 - St. Apt B-1	YES NO Z
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) CharLotte Tucker	Cree DEATH 3	26 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER	
Fe (1) hite WIDOWED DIVORCED	12-1-06 Sy vrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR		TIZEN OF WHAT
during most of working, life, even if retired) INDUSTRY		UNTRY?
Computer	Virginia	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- Randolph T.	Margaret Stickley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	INFORMANT Address	
No 1224-60-0390 1	Hospital Keyards	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	. /	ONSET AND DEATH
IMMEDIATE CAUSE (a) analytics	leus	2 days
17/X DUE TO O'		
Conditions If any which	mensua. of comment	7
gave rise to Immediate	A LOW OF	
cause (a), stating the DUE TO	+ : # 1:	2
underlying cause last. (c) C //// (C)	clasia is wer	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY PERFORMED?
5 Fully excitance laboration	An 3-17-10/0	YES NO K
20a, ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of Injury In Part 1 or Part 1) of Item 18.	)
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE PARTIES OF CONTRIBUTING TO DEATH BUT NOT RELIED TO THE PARTIES OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	antes (antes industry in the case of the case)	,
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
	ory, street, office bldg., etc.)	,
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	Mar. 15, 1966, to Mar. 26, 196	c, that (I) (we) last
saw the deceased alive on Than 26 1966, and that	t death occurred at 3:20 FM, from the causes and on th	he date stated above.
22a. SIGNATURE	22b. Di	ATE SIGNED
To I I At At an and	ATTENDING MED. STAFF DIRECTOR PHYS.	11 2/-10/1
22c. PHYSICIAN'S Aul M.E	D. PHYS. DIRECTOR PHYS. 1	WI 70 170%
NAME (Type) FAUL V. STARR	mark all id 10. 7.6	P. L. mil
	1002 Junia Wry Jakom	Lask, Illa:
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Burial 3/29/1966. Annandale Met	chodist Church Cemetery, Annana	ALe. Va.1
24. FUNERAL DIRECTOR STOCK ADDRESS ,	25a. REC'D BY REGISTRAR   25b. REGISTRAR	
Itimaine Harring Home 520 5. Washer	MAR 30 1966 Milando	0 1 1
atil another to	DAMEAR OF THE TOTAL AND THE PROPERTY OF THE PR	or lund

VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. funeral I and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY a COUNTY MARYLAND ve carbán papers Pages I event, within 72 hours after within 24 haurs after b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 ROCK.VILLE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) HOME IS RES DENCE ON A FARM? d STREET ADDRESS NO 54 campletely fi nave carban Middle DATE NAME OF Last Day Year DECEASED DEATH (Type or print) 1 YEAR AGE (In years last birthday) FUNDER IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARR ED **NEVER MARRIED** Months Days-Haurs crematian, ar remaval, and in ony WIDOWED DIVORCED physimenand 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) IND..STRY USA TRY? during most of wasking life, even if retired) Maryland Home housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lilly Trundle William Groff 하는 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ng. or unknown) (If yes give war or dates of service) ves-unknown hospital records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been se as the the prior take last. 19 WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? far use Health NO 200. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH r this certif (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. While Not While at wark at wark **DIRECTOR:** After 1960 to 3 - 0 21. I certify that (I) (this hospital) attended the deceased fram. director, page 3 should should be filed with the 19 66, and that death occurred at Q DM, from causes and on the date stated above. sow the deceased alive on. DATE SIGNED 220. SIGNATURE 22b DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type) 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) TREMOVAL (Specify) Rockville Cemetery Rockville, Maryland obert A Bethesda. 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 1966

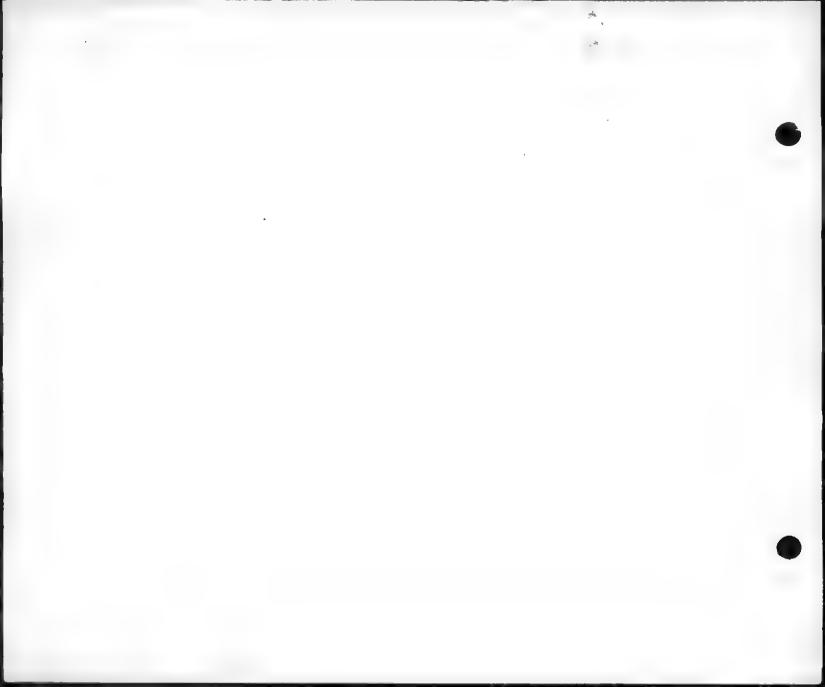


## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STA HEALTH [

FOR S	TATE	1)		03919 M	EDICAL EXAMINER'S	ERTIFICATE OF DEATH	03909
HEALTH	DEPT			ACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived,	if institution: Residence before admission)
lay is 13 to Page	± €.			COUNTY Montgomery	MARYLAND	" STATE Mery Panel.	b COUNTY Montgomery
delay and 3 M3. Pa	Department of urs after death.			CITY OR TOWN (I outside corporate limits, write RURA, and give nearest town)	C LENGTH OF STAY N 16	c CITY OR TOWN (If autside carparate in ts	write RURAL and give nearest town)
2, and PM3.	oart sfte		_	Runal Gaithersbur			thess bury
es 1, se farm	ate Deg haurs			Rame OF HOSPITA. OR INSTITUTION (finet in haspited to the state of the		Route I Walk.	ers Farm. YES X NO
after death If the S. Give Pages 1, along with farm	e St			AME OF ECEASED Anna. Oliv	Middle DA	niels 4 DATE OF DEATH	Month Day Year March 22 19 66
ter de Give ang w	with th within		5.			DATE OF BIRTH 9 AGE (I	7 17
irs af 18.				7e Colored - WDOW		June 23,1924 uslb	rthday) Months Days Hours Min
24 hours to lem 1	s Tand 2 ly event			JSUAL OCCUPATION (G ve k nd of work done g most of working life, even if retired)	NDUSTRY	II BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
E 14	pages I		13.	ATHER'S NAME George Johnso	0	14 MOTHER'S MAIDEN NAME	201.1.1
w.tl m per	File		15	000.		1-lorence DI	ROWN
ing" I	perm.t maval,		(Ye	na, ar unknown) (If yes give war ar dates of service)		rine Forman (sist	er) Item#2
d be executed d "pending"   Chief Medical				18 CAUSE OF DEATH (Enter on y one couse per line PART I DEATH WAS CAUSED BY	for (a), (b) and (c))	2 morphis of Live	INTERVAL BETWEEN ONSET AND DEATH
ward ward he Ch	burial-transit natian, or re			DUE TO			J. Paris
	urial			Conditions, if any, which gave ) (b)			
e 높 은	a bu			rise to immediate cause (o), DUE TO			
icat ing ded	0.50			ost. (c)			
s certificat e, writing farwarded		ij	10%	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE COND T ON GIVEN IN PAR	PERFORMED?
This icate, be fa	be t ta	~ 1	SIG	20o EXTERNAL CAUSE WAS 20th	DESCRIBE HOW INTIRRY OCCURRED (F	nter nature of injury in Port 1 or Part 11 of te	YES NO
生っ	should   t, priar		A CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	DETAILS HOW HOW OCCOUNTS (C.		to 10 )
AL EXAMINER Execute the cer	our fi ige 3 agen		MEDICAL	Hour o.m. W		OF .NJURY (Hame, form 20f (City or y, street, affice bldg , etc.)	town) (County) (State)
Pag P	ained far y IRECTOR: Po designated			21. I certify that I tack charge of the		on Autopsy 💢 , Inspection 💢	Inquiry 💢 , and in my opinion
A SE	10 TO			death resulted from: Natural couses	reside		nined manner
MEDIC please e	REC desi				bland?	CHIEF MEDICAL EXAMINER	
를 음 등	T D T			ACTUAL SIGNATURE John S. B	all.	M D ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
DEPUTY necessary, the funeral	S may be rerained far TO FUNERAL DIRECTOR: Health ar its designate	3		EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county	3/22/66.
	Heart Sea		23a	BUR, AL, CREMATION, 236 DATE THEREOF	235 NAME OF CEMISTERY OR CR		
Ž -	101	اه.		SURIAL Specify 3/28/66	HSh Memoi	CIAL Sandy	Spring / lordy Ma
Va .	A15ME (5)	4	24	UNERAL DIRECTOR	ADDRESS	250 REC D BY REGISTRAR	236 REGISTRAR'S SIGNATURE
6	M 1/66	'	1	their h. Hurwollu	TAXXVIIIO 1	d DATE	,

1966



7557 Wisconsin Ave., Betaesda, Maryland

	03929	0		CERTIF	ICATE	OF DEATH			()	3910	
Ī	PLACE OF DEATH O COUNTY Mont	gomery		MARY	LAND	2 USUAL RESIDENCE ( o. STATE Nort	Where deceased th Caro	1 (0.116)	on Residence ITY	before odm	(stop)
	b CITY OR TOWN (	f outside corporate limit d give nearest town) desda (Rura		RENGTH OF STAY II		CITY OR TOWN (If or	atside corporate ehead		(AL and give	neorest town)	
-	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, i	90 0		d. STREET ADDRESS	CIZCUG	<u> </u>			SIDENCE FARM?
_	U. S. N	laval H∪spi	tal			Rot	te 1, .	Box 135		YES	NO 🔀
	NAME OF DECEASED (Type or print)		cki	A'rlan		DA NIELS	4 DATE OF DEATH	Mont March			Year 9 66
5	sex male	6 COLOR OR RACE Cauc	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	إلسا	Oct. 9, 195		AGE (In years last birthday) 15 yrs	Months 1	YEAR IF UNI Days Hour	DER 24 HRS 5 Min.
dur	ing most of working Student			IND OF BUSINESS OR IDUSTRY		11.81RTHPLACE (County Moore hea	d City			ZEN OF WHAT NTRY? U.	S.A.
13.	FATHER'S NAME Antho	ny N. Dani	els			14. MOTHER'S MA DEN Adol	ya Gut	hrie			
15	WAS DECEASED EVE es no, or unknown)	R IN JS ARMED FORCES? (If yes give wor or dotes	of service)	social security no lone		NFORMANT GT Anthony	N. Dan		ss Ocear Paume		Cal.
	18. CAUSE OF DI PART I. DEAI P - 2 0 / Conditions, if ony, rise to immediat stoting the under	, which gove ) e couse (o).	(o) A c	(o), (b), and (c).) cute Endoce	ardit	is				INTERVAL E ONSET AND	HTA3D C
ATFON	PART II. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		19 WAS AI PERFOI YES	
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJURY OF	CURRED	Enter noture of injury in	Port   or Port	I of item 18)			
MEDICAL	20c TIME OF INJU Hour o.r	20	20d II While at wor			E OF INJURY (Home, form ory, street, office bldg., etc.		(City or town)	(Coun	ity)	(State)
		fy that (1) (this ha	spital) atten	ded the deceased	from_I	eb. 12 , I death accurred at	19 <u>66</u> , ta <u>540 P</u> M,	Mar. 37 from couses	and on the	e date stat	(we) la ted abov
	220 SIGNATURE	Joh	nso	~	M,E	111701	MED DIRECTOR [	STAFF PHYS.		. 18,	1966
	22c PHYSICIAN'S NAME (Type	F. C. Jo	hnson,	M. D.		U. S. Nay	al Hos	pital, B	Betheso	da, Md	•
230 V &	BURIAL, CREMAT ( REMOVAL (Specify BUL 131	3/21/	1966	Bay Vie	w		More	ATION (City or To-	ity, N	County)	(Stote)
24	I. FÜNERAL DIRECTO	R R. A. Pur	nphrey	Fune Marks Ho	me	250 REC	D BY REGISTRA	R 2Sb. RE	G STRAR'S SIG	NATURE	

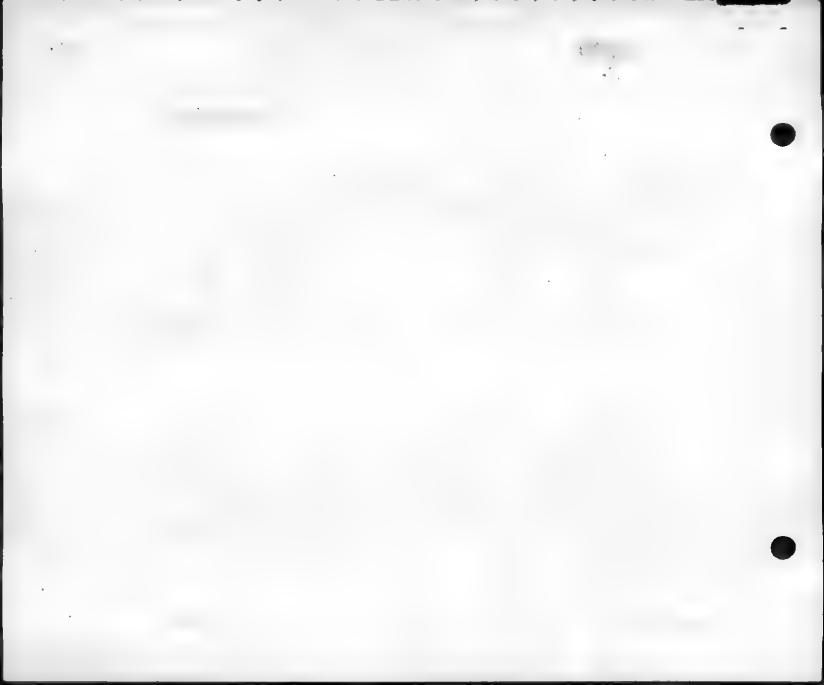
1966

2Sb. REG STRAR'S SIGNATURE Ocharles

VR A15 (4) 20 M 1/66

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the direct certificate be executed mithin 24 hours after death

Poge 4 may be retained by the hospital or ottending physicion.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

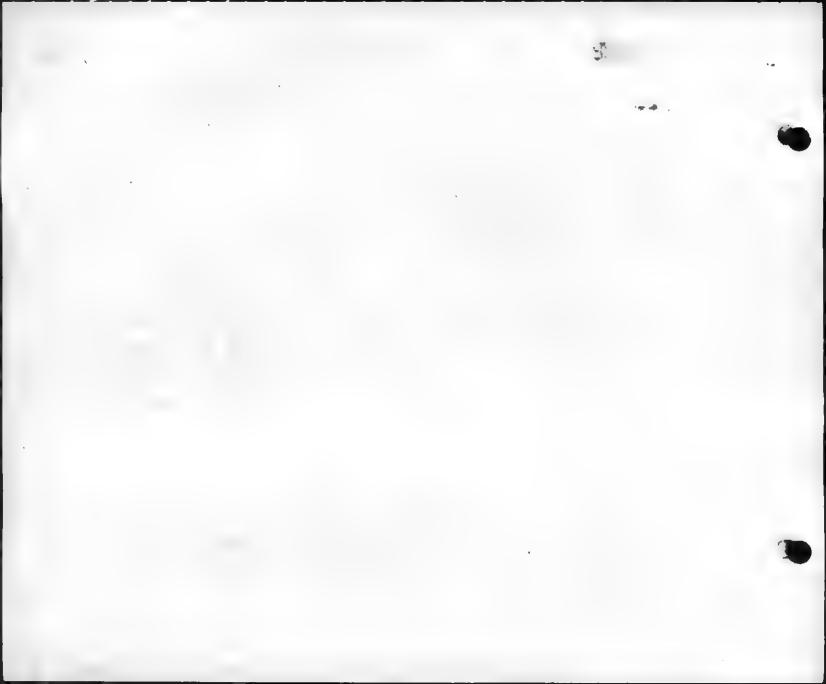
03911

	U.L.
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
o COUNTY A + 1220 CI MARYLAND	O STATE MAPULATOR & COUNTY MANTELL CASE PLA
b CITY OR TOWN (If Gy/side corporate winds, C LENGTH OF STAY IN 16	C CITY OR TOWN (If pals de corporate limits, write RURA, and give nearest town)
write RURAL gad give negrest town),	KENSING for
d NAME OF HOSE TAL OR INSTITUTION (IF not in hospital, give street address)	d STREET ADDRESS e is RESIDENCE
8 / /	ON A FARM?
SUDUE DAIL	16225 KENSINGEN PRICY YES NO X
3 NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) TRECERICK H	DASSCRI DEATH MITHELL, 2 1966
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 2	B DATE OF BIRTH  9 AGE (In years    F_NDER   YEAR   IF UNDER 24 HRS    Months   Dogs   Hours   Min.
WIDOWED DIVORCED	1-24-1878 88st birthdoy) Months Doy Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
during most of working life even if retired) INDUSTRY	NEW CLOCK Of the COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ford - ind Done	
IN ECERICA L'A TOUR COUNTY NO. 12	ELISE DASSOCT
(Yes no or unknown) (If yes give wor or dates of service)	NFORMANT Address
VO UIRIOWIL FR	rdikic D. DASSER, STEART HORIDA
18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	INTERVA. BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	OVASCULAR COLLAPSE ONSET AND DEATH
Hall DUE TO	7 77
Conditions, if ony, which gove ) (b)	NAMY ARTERY OUSCASE 3+ VRS
rise to immediate couse (o), OHE TO	
lost. (c) GrENENACIZE	ED AUTERIOSCICRATIC HEART VIS, 10+ VIAS
PART I OTHER SIGNE CAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY
E PREUM HEANLA, INGUINAL U	he will one of the performed?
	ACCITION AND AND AND AND AND AND AND AND AND AN
205. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in Port I or Port II of item IB.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OPTURED 20e. PLAC While Not While foctor	CE OF INTURY (Home, form, 20f. (City or town) (County) (Stote) ony, street, office bldg, etc.)
Hour o.m. p.m.  19 While of work of work	ory, street, artice plag, etc.)
21. I certify that (I) (this haspital) attended the deceased fram_	Jaly, 1965, to 3/2, 1966, that (1) (we) lost
	death accurred at 10 20M, fram causes and an the date stated above
220 SIGNATURE	22b. DATE SIGNED
Chenta Tronger and mo	ATTENDING MED STAFF
22c. PHYSICIAN'S	22d ADDRESS
NAME (Type) CHARLES S AVAREST	END. 11125 ROCKHICE PIKE MI
230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
DEMOVAL (Security)	
24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Dofert W. Memphrey Dethisch M.	d. DAMAR 7 1968

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpitely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please removes around appers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death, Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 20 M 1/66

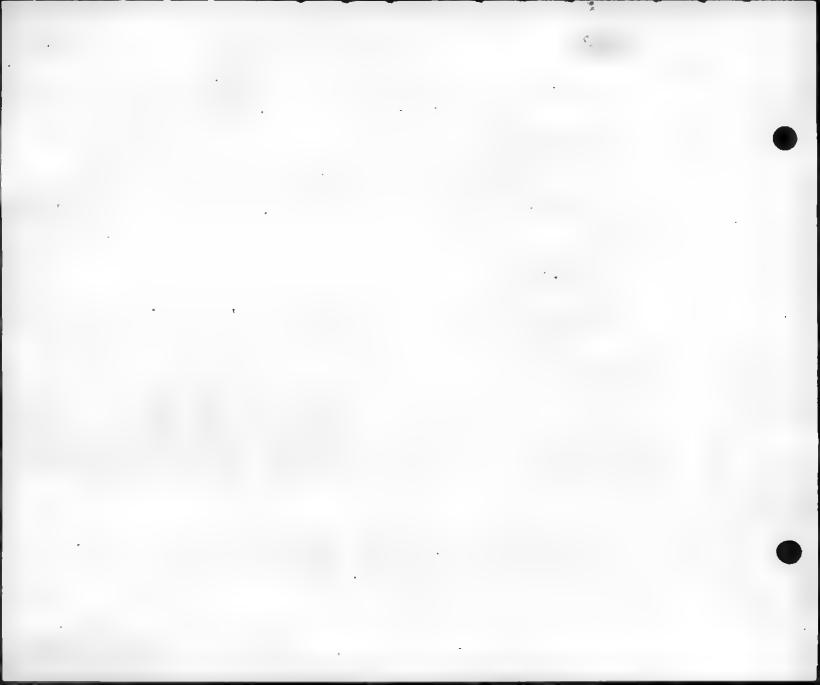


VR AI5 (4) 20M 1/65

THE RESERVE OF STREET		THE RESIDENCE OF THE PARTY OF T	A REAL PROPERTY.
MADYLANII	CIVIE	DEDADTMERE	UE REVITA
MINICI LINE	SIMIL	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02021

				OLIVII	LIUATI	- OI DEATH				0 0 1	4
ì.	PLACE OF DEATH	1		-11		2. USUAL RESIDENCE	CE (Where de			nce before a	denission)
		tgomery		BALE.	ARYLAND	a. STATE	vland	b. COUN	Howa	nd	/
	b. CITY OR TOW	N (if outside corpor	ate limits,	c. LENGTH OF S		c. CITY OR TOWN (If		porate limits, wr			st town)
	write RURAL Ol n	and give nearest to	Wn)	lhour !	55 min	Wood	dbine		13		
	d. NAME OF HOS	SPITAL OR INSTITUT	ON (if not in	n hospital, give stree	et address)	d. STREET ADDRESS				e. IS RES	FARM?
	Mont	gomery Gen	eral F	ospital						YES 🗆	NO
3	NAME DE DECEASED		irst	Middle		Last	4. DATE	Month	ı D	ay Ye	ar
	(Type or print)	В	aby	Boy	D.	avi <b>s</b>	DEATH	March	16	19	66
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARE	RIED X	. DATE OF BIRTH	9.	AGE (In years last birthday)			
	Male	White	WIDOW	ED DIVOR	CED	March 16,	1966	yrs.	Months Day	s Hours	Nio 55
10a	. USUAL OCCUPAT	ion (Give kind of wor ing life, even if retir	kdone 10b	. KIND OF BUSINESS	OR	11. BIRTHPLACE (C	ounty & State	, or foreign country	) 12. CITIZE	N OF WHA	
uu;	New Born		eu)	INDUSTRY		Montgomery	v Marv	l and	TISA	KII	
13.	FATHER'S NAM					14. MOTHER'S MAID		\$ 0011E	1 0011		
	t/i 11 i	am H.Davis				Vallie S	Summar	field			
15		EVER IN U.S. ARMED F		6. SOCIAL SECURITY	NO.   17.	INFORMANT	Junier	Addres	SS		
(Ye	5, 110, or unkown)	(If yes pive war or dates	of service)				2 - O1				
	10 081105 051	DESTI CE-A				dical Record	03, UI	ney Ma.	101	TERMINE DE	THEFT
		DEATH LETTER ONLY O		r line for (a), (b), an	d (c).1	A 11 2	,	1 . (		TERVAL BE NSET AND	
	FART C. DE	IMMEDIATE CAUS	E (a)	Mensanu	4 Ky	2) Hydram;	2014	1) Preech	1		
	1612	DUI	TO	,	, ,			<i>&gt;</i>			
	Cenditions, If		(b)	Presentation	10W	POHP. ASKIK	10				
	gave rise to cause (a), st		Е ТО	,	/	*					
	underlying caus	_	(c)								
<u> </u>	PART II. OTHER'S	IGNIFICANT CONDIT	ONS CONTR	BUTING TO DEATH 8	UTNOTRELA	TED TO THE TERMINAL D	DISEASE CON	DITION GIVEN IN	PART 1(a) 1	9. WAS A	JTOPSY MED?
CERTIFICATION										YES T	NO 🗍
E	20a. ACCIDENT	WAS UNDERLYING	205.	DESCRIBE HOW IN	VJURY OCCU	RRED. (Enter nature of	injury in P	art I or Part II o	f Item 18.)		
SE SE	(IF EITHER, NO	WAS UNDERLYING T NG CAUSE OF DE TIFY MEDICAL EXAM	(NER)								
정	20c. TIME OF	NJURY Month, Day	Year   20d	. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa	rm,   20f.	(City or town)	(County)	(	State)
MEDICAL	Hour a.n		Wh		factor	ry, street, office bldg., e	tc.)		,		
×	21 Loortif		, , , , , ,	ork <u>at work</u> nded the deceased	d from	. 19	9 to			that (I) (	tact four
		eased alive on	shiran arre	19		death occurred at 7					
	22a. SIGNATUS			13	, and that	death occurrer acy	<u>r 191, 17</u>	on the causes	22b. DATE		and ac.
		775	l A	- ni	O .M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			
	22c. PHYSICIA NAME (Ty		C. CI	= Lain	MD	22d. ADDRESS					
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LC	CATION (City, to	own or county)	(S	tate)
	Burial	3/18	3/66	Oak Gr	POVE	Cometany	He	oward C	o. Md.		
24.	FUNERAL DIRE			ADDRESS	UVC.	Cemetery REI	C'D BY REGI		EGISTRAR'S SI	GNATURE	-
	C.N. Wa	Itz Box	241 S	vkesville	e. Md	DAMAR	7211	966 10	Carles	Judge	

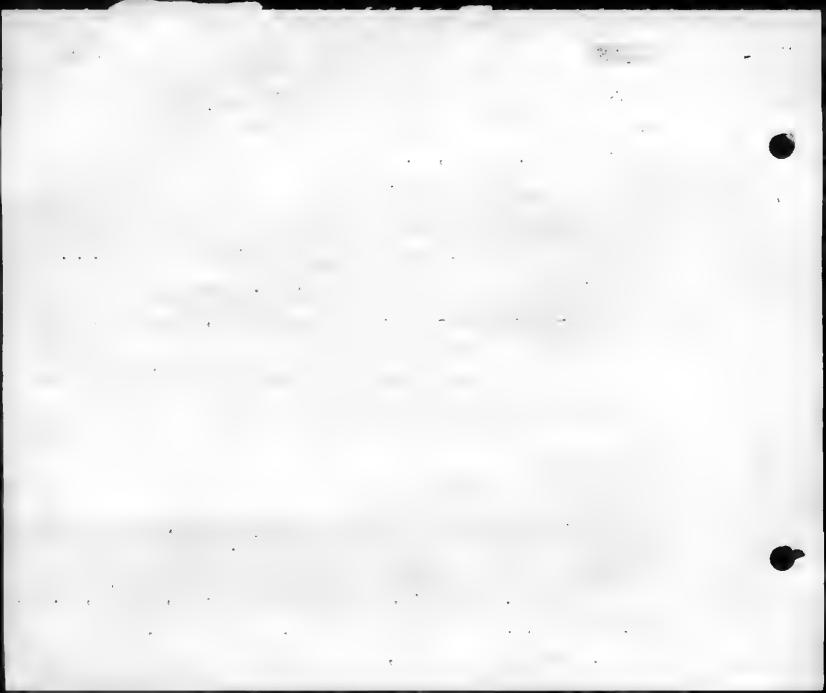


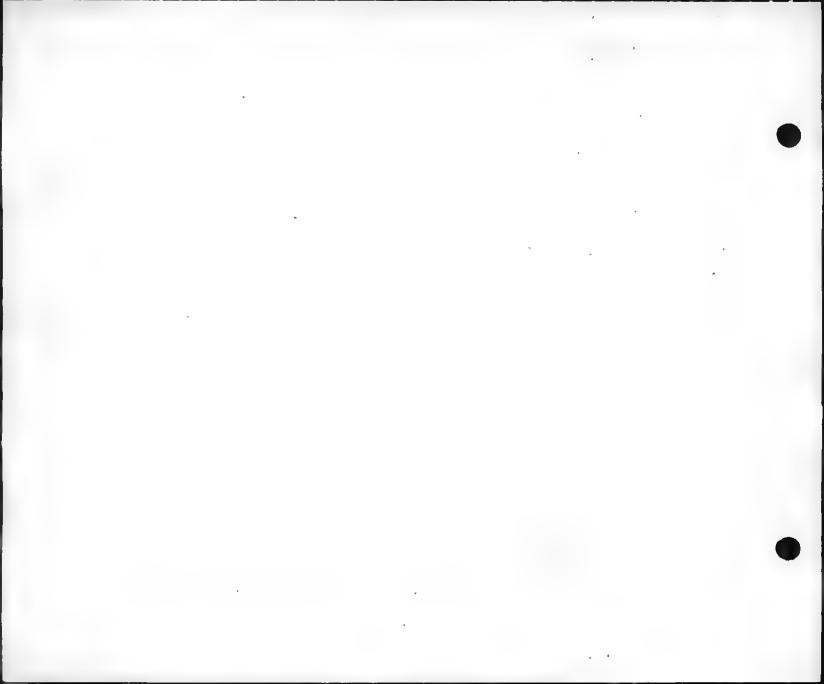
24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regione carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate by executard within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Ttom 15		756776		-010		
1. PLACE OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. USUAL RESIDENCE	(Where deceased lived, If institution: Re	esidence before admission)		
a. COUNTY		a. STATE	b. COUNTY	•		
Montgomery	MARYLAND	Florida				
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)		
Bethesda	172 days	Pensaco	la			
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
The Clinical Center, Bethes	da, Md. 20014	5972 Pursl	ey Avenue	YES NO Z		
3. NAME OF FIRST	Middle	Last	4. DATE Month	Day Year		
(Type or print) Max	Howard	Davis	DEATH March	4 19 66		
F ATY		B. DATE OF BIRTH	9. AGE (In years   IFUNDER	1 YEAR IF UNDER 24 HRS.		
Male White WIDOWED	DIVORCED	19 March 19		Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done   10b. K	IND OF BUSINESS OR		inty & State, or foreign country)   12. Cl	TIZEN OF WHAT		
	Military	West Vir		J.S.A.		
13. FATHER'S NAME	and the occupy	14. MOTHER'S MAIDE				
Max Davis		Lola R.	Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO.   17.		edical Record			
Yes 1956-present	34-52-9033 The		enter, Bethesda, Mo	3 2001 /		
1 18. CAUSE OF DEATH [Exter stuly one cause per l	Ing for (a) (b) and (c) ]	O OTTHECAL O	ciroci o Beeriesday ne	INTERVAL BETWEEN		
DART L DESTUUIS DAUGED DV				ONSET AND DEATH		
IMMEDIATE CAUSE (a) Pro	<u>bable Septicemi</u>	La		16 hours		
DUE TO						
Conditions, if eny, which ) (b) Chris	onic Myelogenov	ıs Leukemia		3 years		
gave rise to immediate						
cause (a), stating the						
	ITING TO DEATH BUT NOT BELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
E CONTROL ON TOWN	STATE OF HOLKELY	IED TO THE TERMINATED	SENSE OWNER TO WELL THE THE TANK THE TA	PERFORMED?		
				YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a, ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of	injury in Part I or Pert II of Item 18.	)		
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19		CE OF INJURY (Home, far		nty) (State)		
Hour a.m. While	- NOT WHITE -	ry, street, office bldg., et	c.)			
		1 1 40		**		
21. I certify that MD (this hospital) attend	ed the deceased from Se	ptember 13, 19	65 to March 4 , 1966	that (a) (we) last		
saw the deceased alive on March 4	19_00_, and that	death occurred at	M, from the causes and on the	ne date stated above.		
22a. SIGNATURE	6.1	ATTENDING N		ATE SIGNED		
Wester M. Vi	1249 M.D	ATTENDING D	INCO ON LINES.	rch 1966		
22c. PHYSICIAN'S		22d. ADDRESSI'h	e Clinical Center,	National		
NAME (Type) Wesley M. Viet	zke, M.D.	Institutes	of Health, Betheso	la, Md.20014		
238. BURIAL, CREMATION 220. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	inty) (State)		
Burial-transit 3-5-66	Barancas Na	tl Cem.	Pensacola, Flo	rida		
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR   25b. REGISTRAR			
				, h , , , ,		
		yland MAN	1000	-4-0		





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

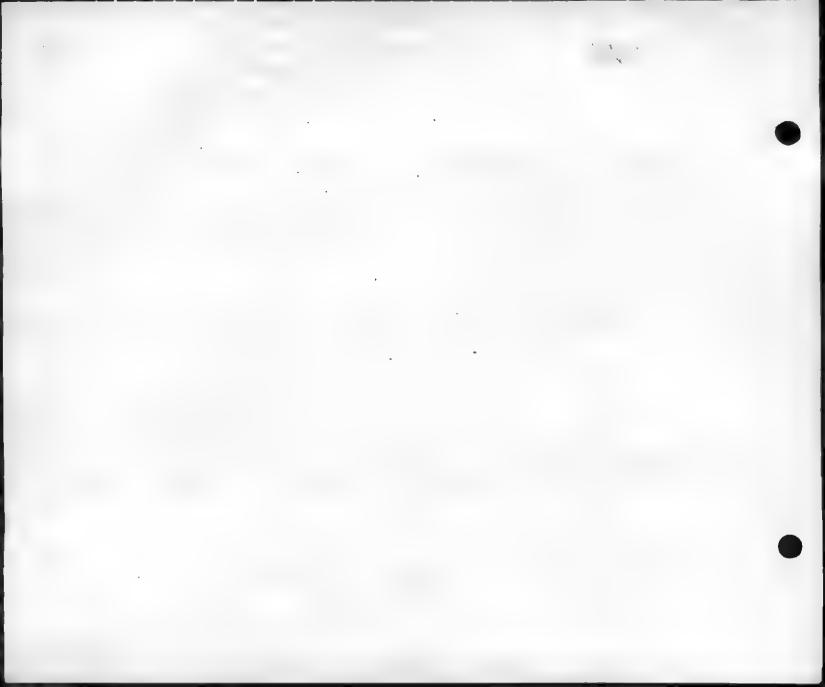
FOR STATE HEALTH DEPT. U. 2, and 3 to n PM3. Page and with form n Item 18. Give Pages 1, This certificate shauld be executed mathin 24 hours after death If necessary, please execute the certificate, writing the word "pending" in pencil in Item the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Offer TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond event within 72 hours ofter death. Health or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/66

	03925	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	n3915				
1	PLACE OF DEATH	4	2. USUAL RESIDENCE (Where deceosed lived if institution Re	esidence before admission)/				
L	Mon Gun	Tery MARYLAND	d STATE 6 COUNTY	fac.				
	b CITY OR TOWN (If auts de carpaiste l'mits, wr te RURAL and give negres fown)	LENGTH OF STAY N 10	c CtTY OR TOWN (If outs de Corparate limits, write RURAL an					
-	13e HUS U	244.0.17.	Washington	/				
	d NAME OF HOSP TAL OR INSTITLT ON (II not n	haspital, give street address)	4 STREET ADDRESS 425-7/HL, 51. S	e IS RES DENCE ON A FARM?				
3	NAME OF / First	/ M,ddle	1 Lost? 4 DATE Month	YES NO DOY YEAR				
	OFCEASED (Type or print) 5' Fella.	rd Griffitte	Mauis OF March	le 17 1966,				
5.	SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED		NDER 1 YEAR FUNDER 24 HRS				
	1/4/	VIDOWED O VORCED	6/28/43 70 YIS					
	a ISUA/OCCUPAT ON (Givek nd of wark dane ring most of work no life, even if retired)	10b K ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or fareign country)	COUNTRY?				
13	FATHER'S MANE	11	14 MOTHER'S MAIDEN NAME					
L	L'allard	42015:	WINIFRED STEW	and				
15 (y	WAS DECEASED EVER IN U.S. ARMED FORCES? es no, or unknown) (If yes give war ar dates al serv		NFORMANT Address	/				
	18 CAUSE OF DEATH (Enter My one couse pe		ce 42015/ Jane i	75 2 100 C.				
	PART DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)		sofficency. Acote-	Sheet and death				
	4201 DUE TO	/	ulai Disease -	Woord				
	(b) rise to immediate cause (a), DUE TO	Cargio. VBSC	Dia Disesse -	4-25				
	stoting the underlying cause (c)							
2		BUTING TO DEATH BUT NOT RELATED TO T	THE TERM NAL DISEASE COND T ON G VEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?				
CATIO				YES NO				
CERT-FICATION	200 EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	20b DESCR BE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar Part I of Item 18.)					
MEDICAL	20c TIME OF INJURY Month Day Year Haur a.m. 19		CE OF INJURY (Home, form 20f (City ar town) ary, street, office bldg, etc.)	(County) (State)				
	21. I certify that I taak charge of the remains described above, held an Autopsy , inspection , Inquiry , and in my apinion							
	death resulted fram: Natural causes XI, Accident Suicide, Hamicide, Undetermined manner							
	ACTUAL SIGNATURE Donne &	R.01	CHIEF MEDICAL EXAMINER	22, DATE SIGNED				
		. 13001 -	_MD ASSISTANT MEDICAL EXAMINER 1 3/17/	L. G				
	EXAMINER'S NAME (Type)	Address (Street, city, town, or county)	- 4					
23	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)(State)							
0	REMOVA. (Spec by) 3/22/	66 arlungt	on NAT aninglo					
2	24 FUNERA, DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REG STRAR'S SIGNATURE.							
16	4 60 SURTE	20-CUL 1:11) 1	Ve IMAR 23 1966 / Cua	ves Judge				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA P.M3. Poge page 1 go 2 with the Stote Department of

in ony event within 72 hours ofter death

File puo

any Helay is

This certificate should The exempted within 24 hours offer death If

in pencil

n Item 18 Give Pages 1, 2, and 3 to

s Office olong with form

the funeral director. Page 4 should be forworded to the Chief Medical Examiner'

necessory, please execute the cert ficate, writing the word "pending

TO DEPUTY MESTCAL EXAMINER:

5 moy be retoined for your files.

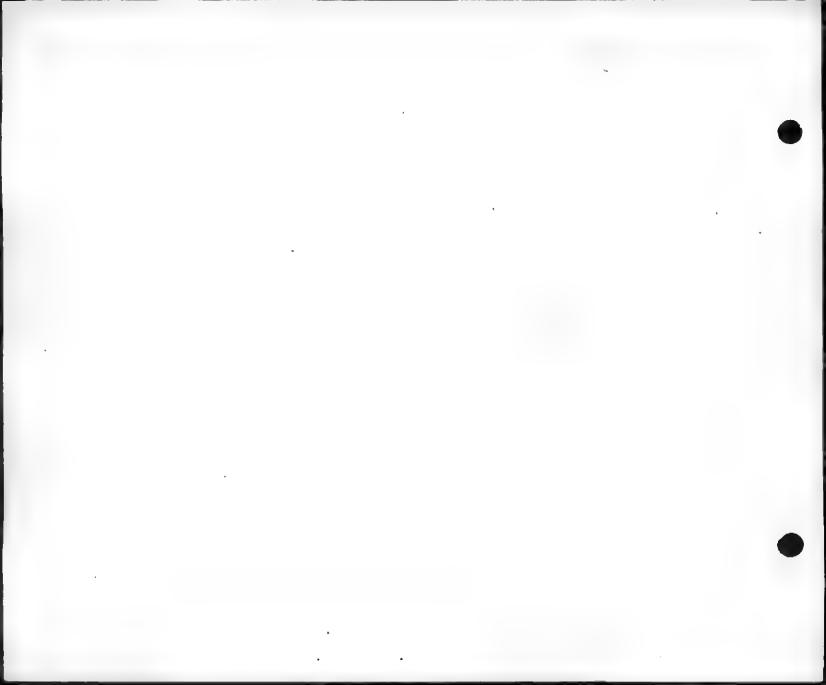
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, pr.or to burial, cremotion, or removal 03926

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02916

		004.0		1
		COMMITTY	SUAL RESIDENCE (Where deceosed lived, if institution Residen	
		- / / MARYLAND	Maryland. 130	Himore.
		b (ITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N to c. C. Write BURA, and give nearest jown)	ITY OR TOWN (If outside carparate in its write RURAL and give	e nearest town)
		Gaithersburg. OFars.	Baltimore.	2
	-		TREET ADDRESS	e IS RESIDENCE ON A FARM?
		Asbury. Methedist- Hopme.	Charles + 24 St.	YES NO X
		NAME OF First Middle DECEASED	Last 4 DATE Month	Doy Year
		Type or print) Lome Nomi L	OWSEN DEATH MOTON	29 1966
	5		E OF BIRTH 9 AGE (In years IF UNDER Lost birthdoy) Months	Days Haurs Min
			31 ch 0/ /0 /1 /8 Yrs	
	10o duri	uring most of working life even if retired) . IMDUSTRY		TIZEN OF WHAT
		BODS-R. Wite	Mary/and. 2	13.A.
	13		MOTHER'S MAIDEN NAME	
		George. M. Morgan	Annie. E Delcher	
	15. (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes no, or unknown) (1 yes give wor or dates of service)	MANT Address	
		No. None- Ash	very Mothoclist - Home .	
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	•	ONSEL AND DEATH
		IMMEDIATE CAUSE (o)		30045 -
		Conditions, if only which gove )  DUE TO  The first term of the conditions of the co	04. 70	115 days
		rise to immediate cause (o),	Rr. Femur-	17-1-
		stating the underlying couse (c) Arterio Sclerosis	4eers	
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TEL		19 WAS AUTOPSY
	NO	FART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECITED TO THE TEL	AMINAL DISEASE COND I ON G VEN IN PART I(0)	PERFORMED?
0	CERTIFICATION	20b EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter	nature of miury in Port I or Part II of term 18.)	AEZ NO X
	CERT	PRIMARY Nor CONTRIBUTING   7	9 Home Causing Frat	d RXZ
	3	CO THE OF HUMBY IN THE PARTY OF	/	.nty) (State)
	MEDICAL	200 Maur om 2/12 19 64 at wark of twork of two	eet, office bidg , etc )	
-		71 - Branding of Work All Holls		
		21. I certify that I taak charge of the remains described obove, held an		ond in my opinion
		death resulted from. Notura couses [], Accident [X], Suicide [		J
		ACTUAL Of Bell	ACC CTANT MCDICAL EVAMINED	22. DATE SIGNED
		SIGNATURE MD	DEPUTY MEDICAL EXAMINER \$\\ 3/29/6	66
		NAME (Type)	Address (Street, city, tawn, or county)	×
	230	30 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMA	TORY 23d LOCATION (City or Town)	(Caunty) (State)
	I	Bruial April 1.18 19 66 Riverview Cem.	Wilmington, Delware	
		24 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 256 REGISTRAR'S SI	
	G	G. Truman Schwab 3512 Frederick Ave. Balto. Mc	DATES - 1 1000 Illiand	O - Verdage

VR A15ME (5) 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

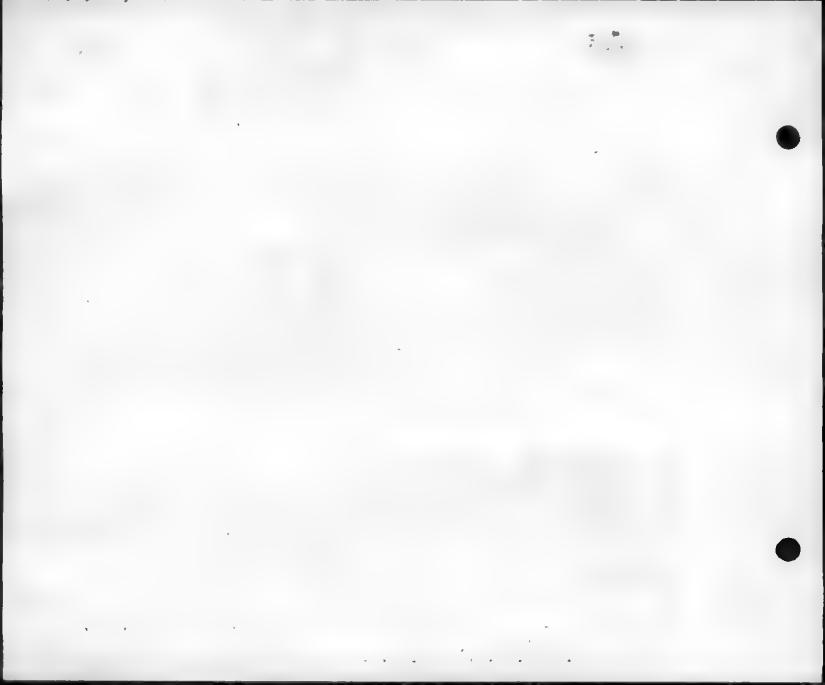
	03923	7	CERTIFICATE	OF DEATH		03917		
1	PLACE OF DEATH			2 USUAL RESIDENCE (W	here deceased lived, it institution	Residence before admission)		
	o. COUNTY AA	Fromery	MARYLAND	Marylas	b. COUNTY	Newtonnery		
	<b>b</b> CITY OR TOWN (I	Sutside corpozáte limits	c LENGTH OF STAY IN 15	c CITY OR TOWN (If out	side carparate limits, write RURAL	and give redrest town)		
	Charten	give neorest town)	3 WK5.	Chevy	Chase	1 1		
		L OR INSTITUTION (If not in		d. STREET ADDRESS	Control	e IS RESIDENCE		
R.	AP 1 - 5	ilver Spring	Norsing Home -	3722 Ma	nor Rel.	ON A FARM? YES NO X		
	NAME OF	First	/ Middle	ost	4 DATE Month	Day Year		
	DECEASED (Type or print)	Helen	4.	PEBINDER	OF DEATH March	8' 1966		
5	SEX SEX		MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR 1 IF UNDER 24 HRS.		
14	emale	white V	IDOWED DIVORCED	3-23-12	tost birthday)	Months Doys Hours Min.		
100	USUAL OCCUPATION	(G ve kind of work done	10b. KIND OF BUSINESS OR		State, or foreign country)	12. CITIZEN OF WHAT		
during most of working life, even if retired)  THOUSTRY  TOTOMACTLEC. TOWERCO WASHINGTON, DE.  13. FATHER'S MAINE  14. MOTHER'S MAINEN  14. MOTHER'S MAINEN  14. MOTHER'S MAINEN  15. MOTHER'S MAINEN  16. MOTHER'S MAINEN  17. MOTHER'S MAINEN  18. MOTHER'S MAINEN  19. MOTHER'S MOTH								
15		RINUS ARMED FORCES?		INFORMANT	Address	-23 HARKWAY.		
(Y	es, na, ar unkhawn)	(If yes give war or dates of ser	(rice) - M	3 SHARON L	FE Young 5616	ORIST HIS MD -		
-		ATH (Enter only one couse p	or line for (a), (b), and (c),)	( )	100100, 1114	INTERVAL BETWEEN		
		H WAS CAUSED BY IMMEDIATE CAUSE (0)		HUGI OF YO	Sun V Interna	ONSET AND DEATH		
	161X	DUE TO	↑ ·	1 1-1	- \	4 40000		
П	Conditions, if ony,	which gove } (b)	generaliza	I melan	apin	3		
	rise to immediate	couse (o), (	0 0					
	stoting the under	thind coose						
-	PART II OTHER SIG	INIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	OITION GIVEN IN PART I(o)	19 WAS AUTOPSY		
(TiO)						PERFORMED? YES NO		
SHO	200 ACCIDENT WAS		205 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Port II of Item IB.)			
E.	OR CONTRIBUTING	□ CAUSE OF DEATH MEDICAL EXAMINER)						
MEDICAL CERTIFICATION	20c TIME OF INJU	RY Month, Doy, Year		CE OF INJURY (Home, form,	20f (City or town)	(County) (State)		
MEC	Hour o.m	10	While Not While fort	ory, street, office bldg., etc.)	Λ			
	21. I certif	y that (1) (th <del>is hospita</del>	attended the deceased from	Tel- 16 19	6.5, to March	5, 19.66 that (I) (we) lost		
		ceased alive an A	3266, and tha	death accurred at	M, from couses or	d on the date stated above.		
	22o SIGNATURE	0041			MED STAFF	22b. DATE SIGNED		
Ш		110001	M. Paglo W.	D PHYS 124 I	DIRECTOR L PHYS L	March 8 1966		
	22c. PHYSICIAN'S NAME (Type)	ROBE	RT N. COALE	22d. ADDRESS	Lley Love Che	ry Chase ly I		
92.	BUR AL, CREMATIO			CDEMATORY	23d TOCATION (City or Town			
230	REMOVAL (Specify)		K Suitland					
Dilling at the control of the contro								
1	5130PWi	Gawler's S	ons, Incoress W. Wash. D.C.	MAR.		was Judal		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Death curtificate be executed within 24 nours after death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please semove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and the veent, within 72 haurs after death



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apy eyent, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1-											13		
1.	PLACE OF DEATH	1			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)								
	Montgon	a. STATE Pennsylvania b. COUNTY											
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF ST	RYLAND AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1	Betheso	_	му	10 days	,	Colver			.7	, ,			
	d. NAME OF HOS	SPITAL OR INSTITUTIO	)N (if not In h	ospital, give street	t address)	d. STREET ADDRESS					SIDENCE		
(T)	he Clinio	al Center.	Bother	da Md C	20017	Box 96				YES	FARM?		
	NAME OF		irst	Middle	00141	Last	I 4. DATE	Month	1		ear		
	(Type or print)	Marv		(None)		DeGretto	OF DEAT			77 10	166		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		. DATE OF BIRTH	9	ACF (In years)	JEHNDER I				
1 3	Female	White	WIDOWED		lm-al (	5 February	101%	last birthday) 50 yrs.	Months	Days Hour:	s Min.		
		ION (Give kind of work ing life, even if retire		IND OF BUSINESS		1 11. BIRTHPLACE (C		7.0 1.0. 1	)   12. CI	TIZEN OF WHA	AT .		
du	ing most of work Houses		d) li	NDUSTRY		D				UNTRY?			
13	. FATHER'S NAM			None		Pennsylv  14. MOTHER'S MAII			1	S.A.			
	Harry La	nogku				Tressa 1		lett					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY	NO. I 17.	RYFORMANT The N	( ower a	n.y	SS				
(Y	es, ne, er umkown) No	(If yes give war or dates o	of service)	_						2001	,		
		DEATH (Enter only on		None		Clinical C	enter	, Betnesa	a, Fid	I INTERVAL B			
		ATH WAS CAUSED BY			. , -	7 7 9				ONSET AND	DEATH		
		IMMEDIATE CAUSE	(a)_Na.sa	1 Pharyng	KeaT R	leeding				12 ho	urs		
	201X	DUE		3-3-4- D4-						71			
	Conditions, If	Immediate		kin*s Dis	sea se					15 years			
Н	cause (a), st		TO										
z	PARTH OTHER		(c)	ITING TO DEATH BU	THOTOGLE	TEN TO THE TENNES.	DIOFFOE DO	LOTTON ALVEN IN	DIDT 1(a)	119. WAS A	HTOREY		
ATIO	PARTIL OTHERS	SIGNIFICANI CONDITIO	MSCONTRIBU	TING TO DEATH BU	INUIKELA	TED TO THE TERMINAL	DISEASE CUI	ADITION GIVEN IN	PAKI I(a)	PERFO	RMED?		
FIC	00- 400105117	WAS THE COLVENS OF	l dob	DEAGNES HOW IN					5 Maria 4 B 3	YES X	NO 🗍		
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING THE CAUSE OF DEATHER MEDICAL EXAMINATION OF THE CONTROL OF THE CON	TH NER)	JESCKIBE HOW IN	JURY OCCU	RRED. (Enter nature o	t injury in t	Part I of Part II o	f item 18.	,			
MEDICAL		NJURY Month, Day,	Year   20d. I	NJURY OCCURRED	20e. PLAC	CE OF INJURY (Home, fay, street, office bldg., e	arm, 20f.	(City or town)	(Cou	nty)	(State)		
MED	Hour a.n		While at work		]	J, 34 CC ( O A ICO DI GE. ) C							
1	21. I certif	y that OK (this hose	oital) attend	ed the deceased	from Fe	bruary 25,1	9 66 to	March 7	19_6	6. that XX	(we) last		
		ceased alive on_M		1966	and that	death occurred at 1	0:15 fi	rom the causes	and on th	ie date state	d above.		
Ι.	22a. SIGNATU	RE	N			ATTENDANC	MED	07455	22b. DA	ATE SIGNED			
	Rob	ert J.	Dro	un	M.D.	PHYS.	MED. DIRECTOR		7 Ma	rch 196	6		
	220. PHYSICIA NAME (T)	me\	. a p.			22d. ADDRESST			-				
				own, M.D.		Institute				-	_ ~		
238	REMOVAL (Spe		THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. L	OCATION (City, to	wn or cou	nty) (	State)		
Bu	rial to	on di+ 2/5	3/66	HOLV No	ame C	emetery RE	Fh	ensburg ISTRARI 256. R	Pe	nna			
24	Robert	A. Pumphr	ey Be	thesda,		250. RE	2 10		land		Ĺ		
						DME, 40	640		-	-4-0			

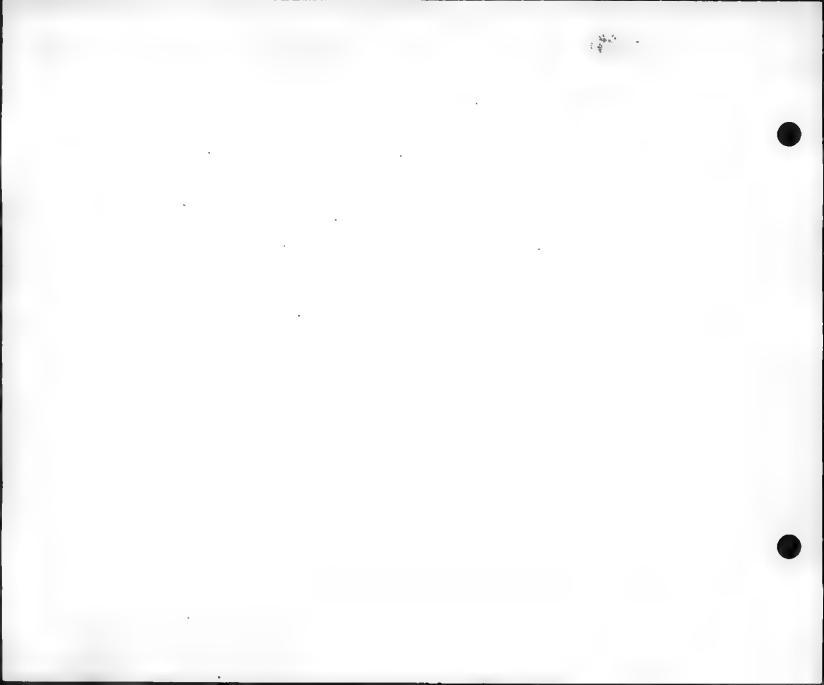
VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, JV, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) D. COUNTY o STATE b. COUNTY Page ō death, delay Department c CITY OR TOWN (If b. CITY OR TOWN ( I outside corporate m is, write RURAL and a ve nearest lown? e IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) haurs YES NO X State Give Pages haurs after death 3. NAME OF Month Dov DECEASED March 11.6 1966 within (Type or print) DEATH UNDER 24 HRS S SEX DATE OF BIRTH ... 9 AGE (In years NEVER MARR ED 7 MARRIED ost dirthtloy) Months WIDOWED pages land2 v D YORCED (State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Nash. D.C Examiner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM in pencil This certificate shauld be executed within File I and INFORMANT Address the Chief Medical (If yes give wor or states of service) remayal, SAME AS #2 Hushanal INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) burial-trans# ONSET AND PEATH PART I DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (o) please execute the certificate, writing the ward used as a burial-tr burial, crematian, DUE TO Vears. Cadio Vascular Disease-Conditions, if ony, which gove rise to immediate couse (a), 4 shauld be farwarded to DUE TO stating the underlying couse lost. WAS AUTOPSY PART 1, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X 10 FUNERAL DIRECTOR: Page 3 snuura us Health ar its designated agent, priar ta 20a EXTERNA, CAUSE WAS 20b. DESCRIBE HOW INJRY OCCURRED (Enter notice of injury in Port I or Port II of Item 18.) PRIMARY TO or CONTRIBUTING TO O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH tiles. 20e PLACE OF INJURY (Home, form, (County) (State) 20d NJJRY OCCURRED (City or town) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page Page of work of work 21. I certify that I took charge of the remains described above, held an Autapsy nspection 🔼 and in my apinian Natural causes 💢 Undetermined manner death resulted from. Suicide [ funeral director. Accident | 1 Hamicide **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER 1 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the 23o BUR AL CREMATION 23b\_ DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORS 23d LOCATION (City or Town) (County) 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ROCKV. 11e. TOCKUILLE the d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DN A FARM? DATE Month 3. NAME OF Middle DECEASED DEATH METCH 1966 (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR NEVER MARRIED last birthday) Months | Days after death. WIDOWED DIVORCED yrs. 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Ohio FE EXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Gashould be forwarded to the Chief Medical Examiner's Office along files. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vinia Bogg Herbert E. DeWitt 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | (Yes, no, or unkown) (If yes alize war or dates of service) Katherine M. De litt -- same ite 1 # 2-wife removal, 227-18-5521 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Webnidcremation, or IMMEDIATE CAUSE (8) DUE TO Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? NO DO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ld be 20a. EXTERNAL CAUSE WAS PRIMARY PLOT CONTRIBUTING CAUSE OF DEATH. Shit-Salt-inface & Shit Gun. 129auge -3 should agent, p 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer While Not While et work A 1966 1+ 0177 e 21. I certify that I took charge of the remains described above, held an Autopsy .... Inspection , and in my opinion Undetermined manner Suicide Natural causes Accident . Homicide execute the r. Page 4 s d for your t CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER John G. Ball 7936 Old Georget wn Address (Struct, City, fown, or county) please ex director. retained f **EXAMINER'S** NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURJAL, CREMATION, 23b. DATE THEREOF 00 BIREMOVAL (Specify) 3/9/66 Parklawn Rockville, Maryland REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1331 Rock, Pike, Rockville, Md Tyson Wheeler VR ALSME (5)

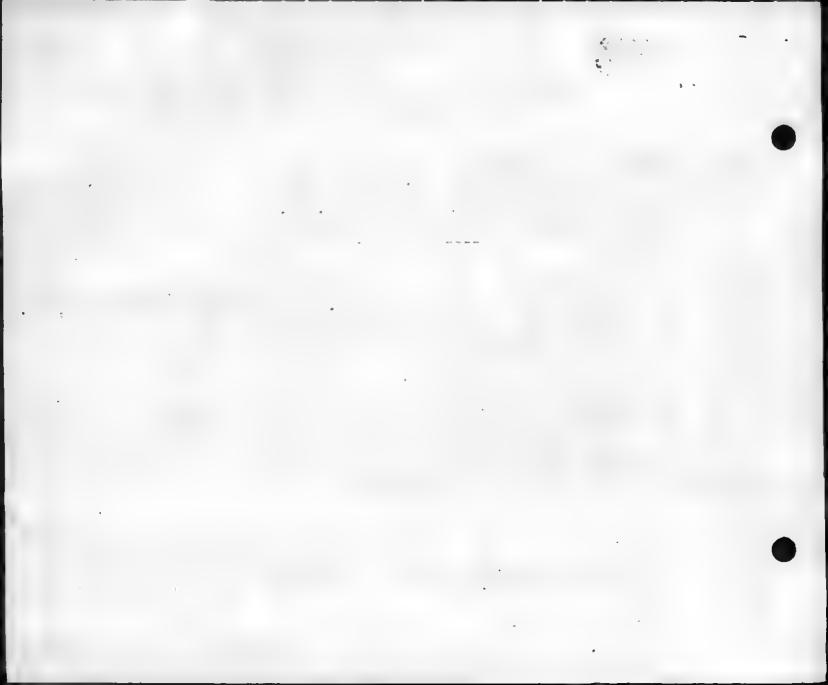
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in all event, within 72 hours after deapth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03932 CERTIFICATE OF DEATH

a. COUNTY Montgomery	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Bethesda
Kensington 8 Mos, 14 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
Carroll Hall Sanitarium	ON A FARM?
	4510 Maple Avenue YES NO NO
3. NAME OF First Middle OECEASED DATE TO THE OECEASED	Last 4. DATE Month Day Year
	ETERICH   DEATH March 24 19 66  8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
7. INMIRATEO   NEVER MARKIED	last birthday) Months   Days   Hours   Min.
TOMACE TO THE COLUMN TO THE CO	118. 7 12.71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KINO OF BUSINESS OR INDUSTRY	COUNTRY?
Housewife	Germany Germany
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Schneider	Marie Zimmerman
(Vas. no. ne unknum) [/1f une nime war or dates of sornice]	INFORMANT Daughter 40/16 Bradley Blvd
No None M	rs. Hedwig Anding Cheve Chase, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terrory	moredo me umous 1 DAY
DUE TO	
Conditions, if any, which }	clum due to 8 YRS
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c) Unterum clar	ones, glaveral 10 985
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
15 Dialites Mediting, 1	ves No 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
3 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, officebldg., etc.)
Hour a.m. While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	ULY 21 , 1958 to MARCH 24, 1966, that (1) (we) last
saw the deceased alive on MAR. 24 1966, and that	it death occurred at 1.5 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
What I . angle M.	D. PHYS. OIRECTOR PHYS. WINK . 44, 176
22c. PHYSICIAN'S' NAME (Type) ROBERT G. ANGLE	5009 Del Ray Ave., Bethesda, Md.
Burial Specify 3-26-66 Rockville	
Burial 3-26-66 ROCKVIIIE  24. FUNERAL DIRECTOR ADDRESS	Cemetery Rockville, Maryland
	CARL OTHER ALL A ALL AND ALL A
	OAMBAR 28 1966 gerantes Judge

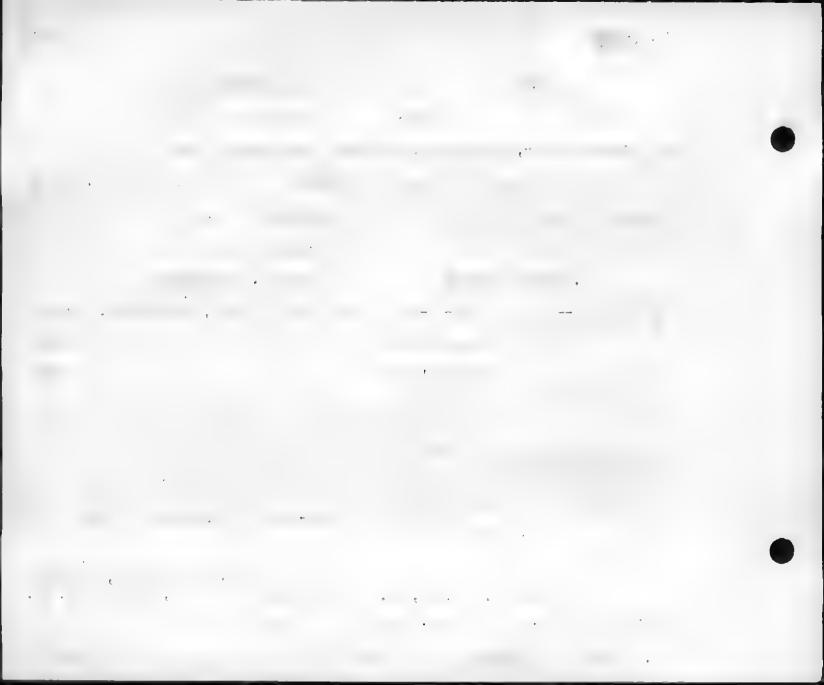
VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providen and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The provence remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

	0393	OF STATISTIC	CAL RESEA	CERTI	ECORDS FICATI	, 301 W. PRESTO	ON STREET	, BALTIMOR	E 1, MAR	YLAN	828
1.	PLACE OF DEATH										e admission)
	e. Constit	Montgomer	v	88.0	RYLAND	a. STATE	rginia	b. COUNT	Υ		/
	b. CITY OR TOWN	V (If outside corpora and give nearest tov	te limits,	C. LENGTH OF ST		c. CITY OR TOWN (I	f outside corpo	rate limits, writ	e RURAL end	give nea	rest town)
1	Write RURAL Beth		/n)	46 Days		Alexand					
-		PITAL OR INSTITUTIO	JN (If not in ho	spital, give stree	t address)	d. STREET ADDRESS				6. IS	RESIDENCE
1		al Center,				1,226 Va	rmont A	ranna		YES	A FARM?
	NAME OF		rst	Middle	· A J Laite	Lost	4. DATE	Month			Year
	(Type or print)	Rut				Dixon	OF DEATH				19 66
5.	SEX	6. COLOR OR RACE		Ann NEVER MARR	IED (T) (S	B. DATE OF BIRTH	19	March AGE (In years   )	FUNDER 1 YE		
	E-mall a		WIDOWED I		Second		200	last birthday)	Months Day	/s Hou	ers Min.
10:	A. USUAL OCCUPAT	White ION (Give kind of work	done 105 KI	ND OF BUSINESS		1 August 19			12. CITIZI	EN OF W	HAT
du	ring most of worki	ng life, oven if retire	d) IN	DUSTRY					COUNT	TRY?	
13	Secretar FATHER'S NAMI	<u>Y</u>				Virgini 14. MOTHER'S MAI			US	A	
		0 11	(1)	3							
15	, WAS DECEASED E	VER IN U.S. ARMED FO	Sheppai	COLAL SECURITY	NO. 1 17.	informanThe M	Hutch:	Inson Andress	ė.		
(Y	es, no, or unkown)	(If yes give war or dates o	of service)								
	NO CAUSE OF	EATH FESTOR ONLY OF		5-46-3924		e Clinical	Center,	Bethesd		MARY	BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:									INSET AN	D DEATH
	IMMEDIATE CAUSE (a) ENCOPPALITY									1 Mor	ith
	do/X DUE TO										
	Conditions, If any, which gave rise to immediate (b) Hodgkin's Disease									AP Xe	ers
	cause (a), stating the DUE TO										
Ę	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									19. WAS	AUTOPSY
ATIC	TAKTII. OTHERS	IGNIF IOANI CONDITT	MOCONTRIBUT	TING TO DEATH BO	I NOT KELA	TED TO THE TERMINAL	DISCHSE COUDI	TIONGIVENINE	ARTI(a)	PERI	FORMED?
밀	200 ACCIDENT	WAS UNDERLYING	l anh in	ECCOUNT HOW IN	IIIOV OOGII	DDFD (Pateu nature)	of Indiana In President	Ci au haut ti at	Har 10 )	YES	NO C
CERTIFICATION	OR CONTRIBUTI	VG CAUSE OF DEA	TH 200. U	F2CKIRE HOW IN	JURY OCCU	RRED. (Enter neture	or injury in Pari	t i or Pert II by	(tem 18.)		
				HIDL OF STREET	loo- Bla				40 4-3		404-4-1
EDICAL	Hour a.m	NJURY Month, Day,	While	JURY OCCURRED  Not While	facto	CE OF INJURY (Home, ! ry, street, office bldg.,	etc.)	Ity or town)	(County)		(State)
Z.	p.m		at work	at work {	]						
	21. I certify	that 🗱 (this hos	oitai) attende			O February					
		eased alive on 2	3 March	19 66	, and that	death occurred at	<b>8</b> : 55M, fron	n the causes a			ted above.
	22a. SIGNATUR	57	11-+1	1 10.0		ATTENDING -	MED.	STAFF	22b. DATE		
	Well	seg let.	VIII-ZU	o M.D	- M.D.	. PHYS.	DIRECTOR	STAFF PHYS. X	28 Mai		
	22c. PHYSICIAI NAME (Ty	pe) /	0.	/				ical Cen			
=	DUDLAL OF THE	Wesle,		etzke, MI		Institute					
232	REMOVAL (Spe	ATION, 23b. DATE				OR CREMATORY		ATION (City, tov		•	(State)
-24			1, 1966			ens Cemeter		ngton, V			
29	aturt	M. Mr Deser	4		Alexan	dria, 25a. RI	C'D BY REGIST		GISTRAR'S SI		
1	Wm. Demai	ne & Son F	uneral	Home, T	/irgin	ia   MPR	1 196	6 Julie	ween &	udgl	_

MARYLAND STATE DEPARTMENT OF HEALTH



death and

3.

CATION

death,

after

hours

24

within

executed

certificate

death

requires that the

funeral and 2 the n. Pages 1 bon papers. Pag within 72 hours .E filled pletely carbon event, COM ove any and eas attending physi rmit. Then ple removal. the attent permit. ö cremation. been signed by the the burial-transit p or to burial, cremati attending physician. as th prior has for use Health certificate OR ATTENDING PHYSICIAN: The be retained by the hospital or this cerum detached for be de State After Id be d DIRECTOR: / age 3 should iled with the page : 4 may O FUNERAL director, p should be 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTA a. STATE b. COUNTY 8 MARYLAND CITY OR TOWN (if outside corporate limits, white RURAL and give nearest town) TOWN (if outside corporate limits, write RURAL and give nearest toyin) c. LENGTH OF STAY IN 1b c. CITY 0 Q. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET en 00 6 NAME DE Middle Last DATE Month DECEASED OF DEATH (Type or print) 0 ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 6. COLOR DATE OF 9. 8. 7. MARRIED NEVER MARRIED 4515 DIVORCED WIDOWED 0 10a. USUAL OCCUPATION (Cive kind of work done! 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) 5e Home aware FATHER'S NAME MOTHER'S MAIDEN NAME

Charles J. McCloskev Myra Calloway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 11014 Gluck La. (Yes, no, or unkown) | (If yes give war or dates of service) No Unknown Cornelius Donnelly Silver Spring Md CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral Lobar Pneumonia IMMEDIATE CAUSE (a) 110 DUE TO Conditions. If any, which Bilateral carcinoma of breast (b)

gave rise to immediate **DUE TO** cause (a), stating Metastatic breast carcinoma underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)

20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFIE ICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. Not While at work While. at work p.m.

19 6(2, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 Glz, and that death occurred at 250M, from the causes and on the date stated above. saw the deceased alive on Mauk DATE SIGNED 22b.

M.D.

ATTENDING PHYS.

22a, SICHATURE PHYSICIAM'S NAME (Type) 22c.

22d. ADDRESS

DIRECTOR

23d.

LOGATION (City, town or county) (State)

19.

YES X

On

Day

20

12. CITIZEN OF WHAT

0,5

COUNTRY?

e. IS RESIDENCE

ON A FARM?

Year

WAS AUTOPSY

NO F

(State)

PERFORMED?

19

NO Y

BURIAL, CREMATION. REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem

ADDRESS

Silver Spring RECISTRAR'S SICNATURE REC'D BY RECISTRAR 25b.

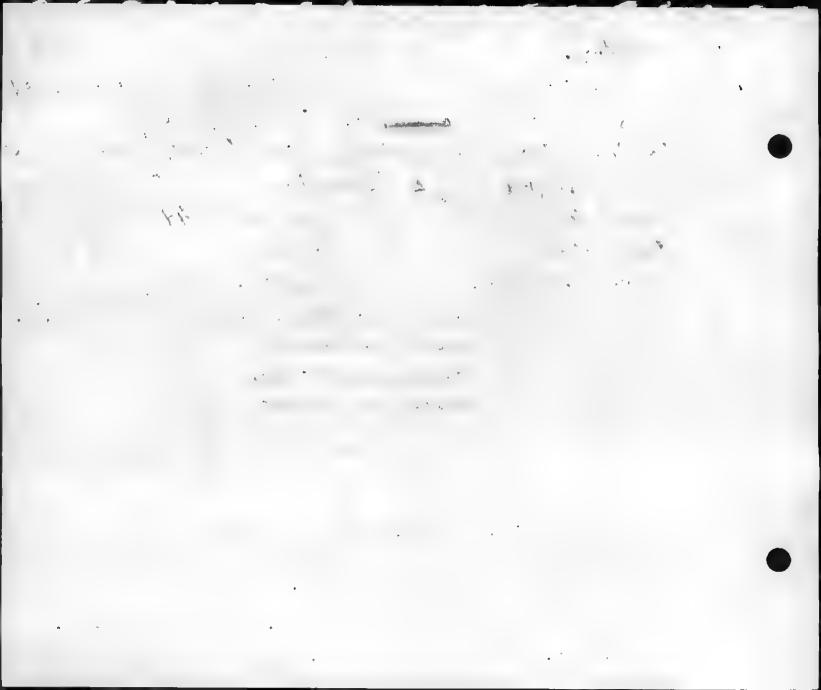
PHYS.

Robert Pumphrev Bethesda

Md

HOSPITAL

TO HOS

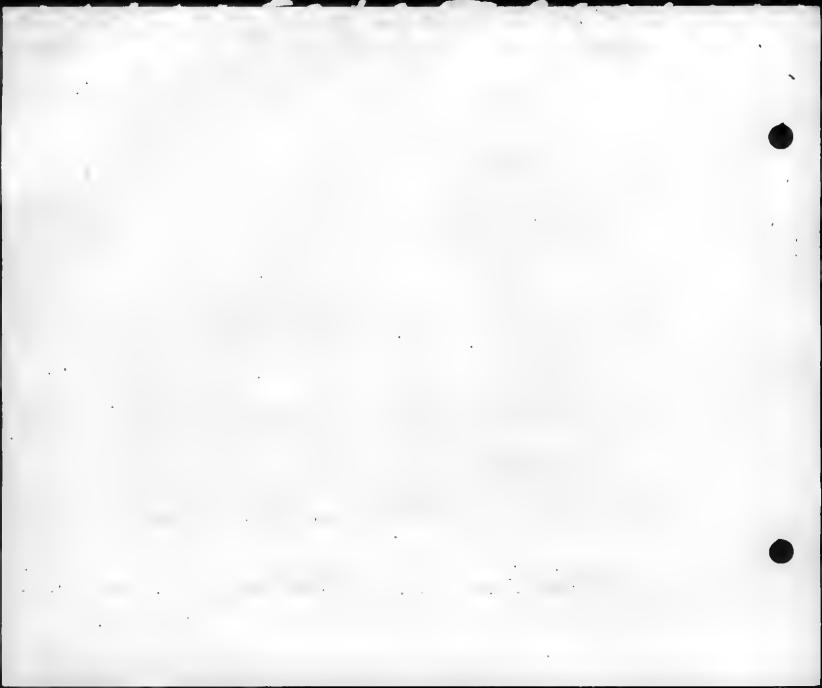


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearth. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	11	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	of the formation of the state o
	IAROMA PARR 1 48 hr.	Hyansuille
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET/ADDRESS  6. IS RESIDENCE ON A FARM?
	Wash. SAN & HOSD.	4215 4/St. Auc YES NO DE
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Alice, Gerstande.	Donocan DEATH 3 / 1966
5.		DATE OF RIPTH 10 ACE (In years   IF INDER 1 YEAR RETUNDER 24 HRS
	+ WIDOWED N DIVORCED	12-20 87 Tast birthday) Months Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
QUI	Ing most of working life, even if retired)  Kity Cu C Government	D.C. COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Milliam Millan	. 11
15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	INFORMANT Address
(Ye	s, no, or unkown)   (If yes give war or dates of service)	2///
	No 718-10-5360	hart
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malmutvili	in & wealoners / mo
	DUE TO	
	Conditions If any which I	to entalog of Lana 4 mor
	gave rise to Immediate	Walter July
	cause (a), stating the DUE TO WORK CIPTU	a consumation of the state of 4804
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUYNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 173 119. WAS AUTOPSY
3710	LYNT IT O LIEK SIGNIFICKNI COMPLIANTS COM MINDO LING TO DEVIA BOLMOT KETY	PERFORMED?
FIC.		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EDI	Walle     Mot Walle	y, street, office bldg., etc.)
Σ	p.m. 19   at work   at work	10/1/1979-1/1 000 // 10/1/19
	21. I certify that (i) (this hospital) attended the deceased from	
		death occurred atM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF Que 122b. DATE SIGNED
	Wildred Windshow M.D.	
	PHYSICIAN'S NAME WITT Fred W. Eastman, M.D.	22d. ADDRESS
	NAME WITTERED W. Eastman, M.D.	1200 Prospect Ave. Takoma Pk,Md.
23a		
	Burian 3/4/66 Dedar Hill	Cemetery Suitland, Md.
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	ROBERT A PUMPHREY BETHESDAN	1D THAT'S 1000 Not and A
		DATEAN 1000

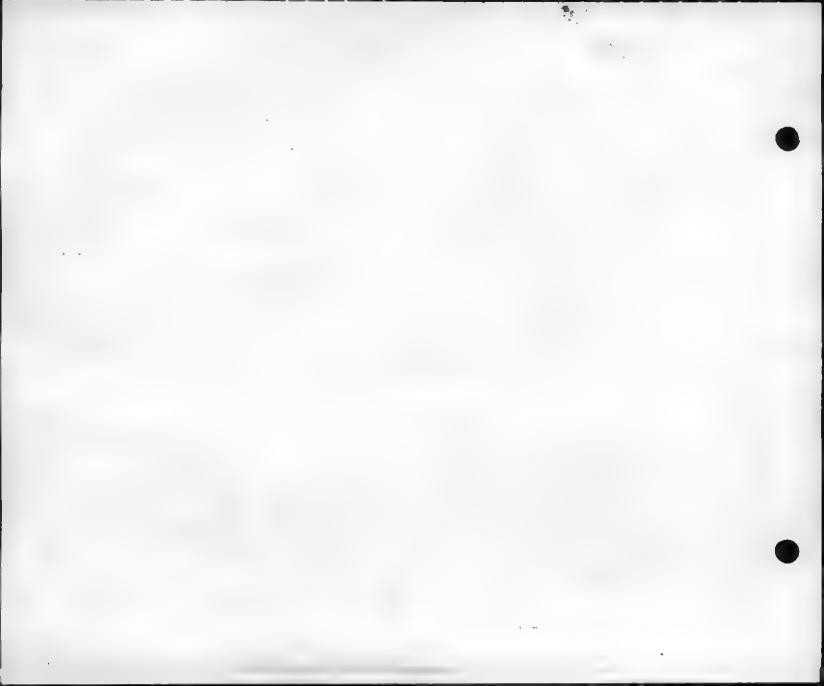
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funma PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Montgomery Pages ) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1h on papers. Pay within 72 hours hours Rockville uears .⊆ Kockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? 14302 Merton Court 14302 Mexton Court ND X completely NAME OF First Middle Month Day Year DECEASED OF DEATH ottie 5. event, You ah 27 March (Type or print) 1956 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 9. 7. MARRIED NEVER MARRIED and c last birthday) Months Hours апу Gemale. White WIDOWED K DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please certificate be during most of working life, even if retired) COUNTRY? Virginia Own home Then pl 13. FATHER'S NAME MOTHER'S MAIDEN NAME Russell Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Add 14302 Merton Ct. Fawler Rockville, Md. 16. SOCIAL SECURITYNO. 17. INFORMANT permit. 0 death (Yes, pq, or unkown) (If yes give war or dates of service) None None cremation. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) hour **DUE TO** ALTERIOSCIELOSIC Cenditions, If any, which (b) peen gave rise to Immediate the r DUE TO cause (a), stating the underlying cause last. (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. use for use Health certificate YES this cerum detached fo 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 0 Jene 1963 to FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last saw the deceased alive on. 1966 and that death occurred at 7/3 AM. from the causes and on the date stated above. 22a. SIGNATURE M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S director, p 22d. **ADDRESS** NAME (Type) enard Gold 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (State) (City, town or county) 2 Ceder Hill Cemetery March 1966 Maruland REGISTRAR'S SIGNATURE 34 Agressia Avenue VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after meath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please senowe carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

]_	03935		CERT	TFICATE	OF DEATH		03928
1.	PLACE OF DEAT	Н				re deceased lived, If instit	tution: Residence before admission)
	Montgom	ery	1	MARYLAND	a Maryland	p. connt	Montgomery
ĺ	b. CITY OR TOW	N (if outside corporate and give nearest town)	limits, c. LENGTH OF	STAY IN 1b		corporate limits, write	RURAL and give nearest town)
_		and give nearest town)			Chevy Chas	e	1 1
			(if not in hospital, give str	eet address)	d. STREET AOORESS		e, IS RESIDENCE ON A FARM?
4.	307 Che	stnut St.			4307 Chestn	ut Street	YES NO
3.	NAME OF DECEASED	First				ATE Month	Day Year
	(Type or print)	Martha	В.		uBols b	A JOACA	
5.	SEX		MARRIED NEVER MA	RRIED   8	. DATE OF BIRTH	Karak Kalakia Jana	UNDER 1 YEAR IF UNDER 24 HRS.
_	F	!		ORCED	10/30/17	yrs.	4   3
10: du	a. USUAL OCCUPAT ring most of work	ION (Cive kind of work doring life, even if retired)	10b. KIND OF BUSINE	SS OR	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT
1_			home		Georgia		U.S.A.
13	. FATHER'S NAN				14. MOTHER'S MAIDEN NAM	_	
		n N. Barks			Emma Hille	V	
(Y	es, no, or unkown)	EVER IN U.S. ARMED FORC (If yes give war or dates of se	rvice)		INFORMANT		tnut Street
	No		No		bert DuBois	Chevy Cha	se, Md.
			ause per line for (a), (b),		4.4		ONSET AND DEATH
		EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Droveni	9 52	Thing		10 years
	041	DUE TO					
	Conditions, If gave rise to	. (D)	4				
	cause (a), s	tating the DUE TO					
Z	underlying caus	/ (0)		DUTHOTOFILE	TED TO THE TERMINAL DISEASE	AGUDITION ÀIVER IN DA	ART I(a)   19. WAS AUTOPSY
AT.C	PART II. OTHER	SIGNIFICANI CONDITIONS	COMINIBOTING TO DEATH	BUI NUI KELAI	IED IO THE TERMINAL DISEASE	COMPLITON GIVEN IN PA	PERFORMED?
E C	202 ACCIDENT	WAS UNDERLYING	1 20h DESCRIPE HOW	INTERNACEDIA	RRED. (Enter nature of Injury	In David on Dord II of 1	YES NO V
CERTIFICAT.ON	OR CONTRIBUT	INC CAUSE OF DEATH TIFY MEDICAL EXAMINES	200. DESCRIBE HOW	INJUNT OCCUR	TRED. (Enter nature of injury	iii ratti oi rattii oi i	tem 10.)
		INJURY Month, Day, Yes		FD 120e PLAC	E OF INJURY (Home, farm,   20	of. (City or town)	(County) (State)
WEDICAL	Hour a.s	n,	While - Not While	factor	y, street, office bldg., etc.)	211 (011) 01 101111	(noming)
≥	p.i		at work at work		050	· Man 2	10/0/0 11 1 11 1
		ceased alive on 12	attended the decease to 26 . 19 6	ed from	458 ,75	to MAR 3	, 19 <u>66</u> , that (I) (we) last on the date stated above.
	22a S GNATU	ocased anive on		and mar	death occorred at 1557 FW		22b. DATE SIGNED
	I Wall	TH WY (AC)	, will.	M.D.	ATTENOING MED.	OR PHYS.	MARCH 3, 1966
	22c. PHYSICIA	INS INFO	M. OLE		22d. ADDRESS		17.7
		hove he may min y	771- 020		1180 (DNN. 14	1. N.W. W.	RHING TOIN D.C.
23:	BURIAL, CREW	AT ON, 23b. DATE THE	REOF 23c. NAME	OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, tow	n or county) (State)
_	Burla	al  3/7/66			Cemetery	Washington	1. D.C.
1 72	Robert A		Bethesda.		25a. REC'D BY F	EGISTRAR 250. REG	ISTRAR'S SICNATURE
1	MODEL C	. rumpure)	betheada,	riu.	DATE	\$	. (2

VR A15 (4) 20M 1/65

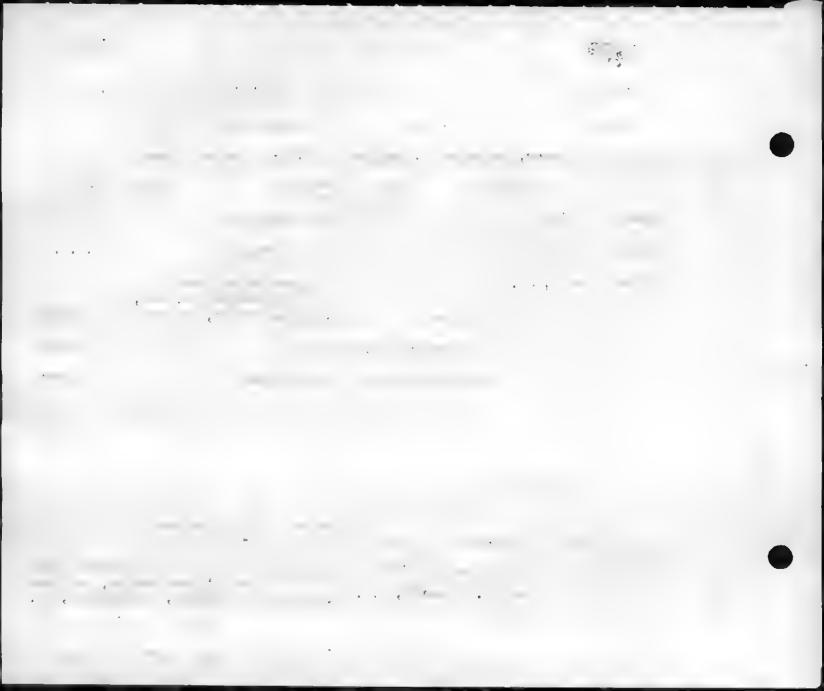


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciant and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO MOSTITAL OR EXTERNING MYSICIAM. The lam regular that the dentil curtificate be executed within Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 3939

1. PLACE OF DEATH a. COUNTY				ution: Residence before admission)				
Montgomery	MARYLANO	a. STATE Georgia b. COUNTY Fulton						
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 10			RURAL and give nearest town)				
Bethesda	2 Days	College P	ark					
d. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
The Clinical Center, Beth	nesda 14, Maryland			YES NO X				
3. NAME OF First OCCFASED	Middle	Last	4. DATE Month	Day Year				
(Type or print) Gina	Marie	Duckett	DEATH MATC					
5. SEX 6. COLOR OR RACE 7. MAR	RIEO NEVER MARRIEO K	3. DATE OF BIRTH	9. AGE (In years IF Miles to birthday)	UNDER 1 YEAR IF UNDER 24 HRS.				
		31 December	1957 8 yrs.	onths Oays Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done) 1	LOD, KIND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
during most of working ilfe, even if retired) Student	None	Geor	gia	U.S.A.				
13. FATHER'S NAME	110110	14. MOTHER'S MAIO						
Morgan Duckett, Jr.			uise Cheeks					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.   17.	INFORMANT The M	edical Records;					
No			enter, Bethesda	14. Maryland				
18. CAUSE OF DEATH [Enter only one cause				I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) R	agnipatory insuff	iciency		onset and death  5 days				
	espiratory rasurr	Totelley		2 45 3 5				
Conditions If any which \ C		***		8 years				
gave rise to immediate	ystic Fibrosis of	rue bancies	5	O Jears				
cause (a), stating the OUE TO								
underlying cause last. (c)		755 75705 75705 1011 5	INC. OF COMPLYION OF CHILD	RT 1(a) 119. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CON	IRIBUTING TO BEATH BUT NOT RELA	HED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	PERFORMED?				
				YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. OESCRIBE HOW INJURY OCCU	RREO, (Enter nature of	injury in Part I or Part II of I	tem 18.)				
₹ 20c. TIME OF INJURY Month, Cay, Year   2		CE OF INJURY (Home, fa		(County) (State)				
20c. TIME OF INJURY Month, Cay, Year 2 Hour a.m. p.m. 19 a	While — Not while —	ry, street, office bldg., et	(c.)					
	t work at work	0.34 3: 1/	1/ 10 01 1/2 1	10 // that 10 fural last				
21. I certify that to (this hospital) at saw the deceased alive on 24. Mail	trended the deceased from 4	March 1	135 M from the enumer of	d on the date stated above				
22a. SIGNATURE	ren 19 ob, and that	death occurren are	M, Hom the Gauses at	22b. OATE SIGNED				
Falsent H. Sole	CLOS - H.D. M.C	ATTENDING		25 March 1966				
22c. PHYSICIAN'S NAME (Type) Pahant W	15	22d. ADORESS T	he Clinical Cen	ter. National				
NAME (Type) Robert H	. Schwartz, M.D.	Institutes	of Health, Bet	hesda 14, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREO	F   23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)				
MEMOVAL (Specify)				A - 1				
REMIVAL 3-25-66			ATLANTA,	GEORGIA				
REMOVAL (Specify) 3-25-66 24. FUNERAL DIRECTOR		25a, REC		A - 1				

VR A15 (4) 15M 4-64

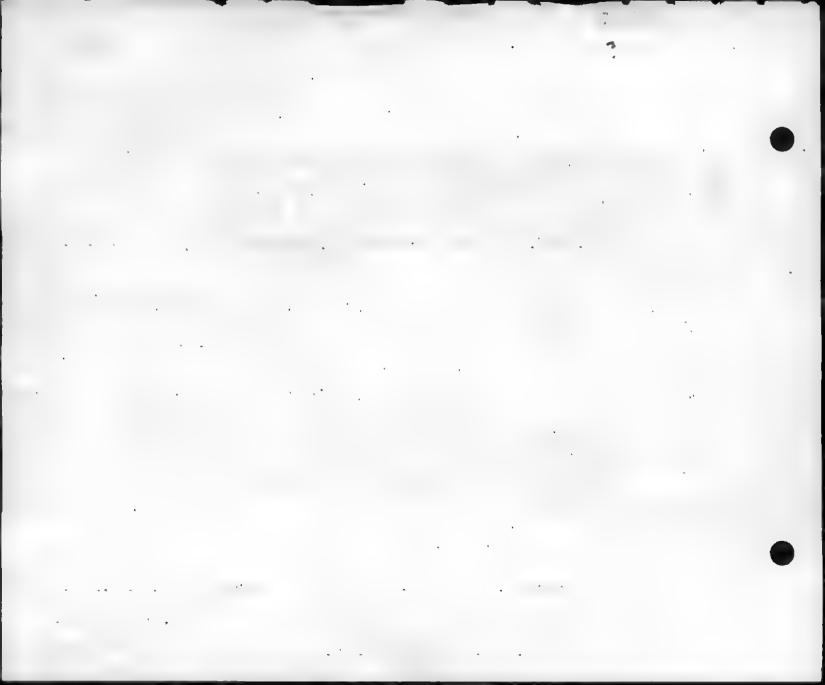




OF STATISTICAL, RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH a. COUNTY 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) STATE b. COUNTY after by the finance 1 burs after MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, MARYLAND MARYLAND MONTSONERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page hin 72 hours a write RURAL and give nearest town) DILVER SPRINE H EW .≘ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled ON A FARM? within 0 NO 170 YES L within 20 etely rbon NAME OF Middle DATE Month Year Lest Sacket DECEASED 40 (Type or print) DEATH 196-6 ever executed 6. COLOR OR RACE DATS OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS 8. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours | remo WIDOWED X DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most of working life, even if retired) phyllicia ealle Army Retired Adm. Hast Engineering Washington I O FATHER'S NAME MOTHER'S MATDEN NAME remova Examin TER Unknown attenling Sacket Duryee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Lenhart Drive I rmit. 0 (Yes, no, or unknown) (If yes glymwar or dates of service) 107 Mrs. Arthur Smith cremation, None Maryland (hase e CAUSE OF DEATH [Efiter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat e ONSET AND DEATH to signed by requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ed DUE TO Ž Conditions, If eny, which (b) peen 끉 gave rise to immediate attending 書き DUE TO cause (a), stating the has be as th prior t 걸 underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN Health J PERFORMED? certificate nSi are ᆼ NO Z YES 0 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the hospital DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) be detached fr State Dept. of I ø this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20g. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. CTOR: After should be d While - Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should lied with the 1964, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a SIGNATURE DATE SIGNED 22b. ATTENDING page PHYSICIAN'S M.D. PHYS. DIRECTOR L PHYS. may director, pa should be fil 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1966 Port. rince Gearge 0 March Georgia Avenue

Inc. Silver Spring.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

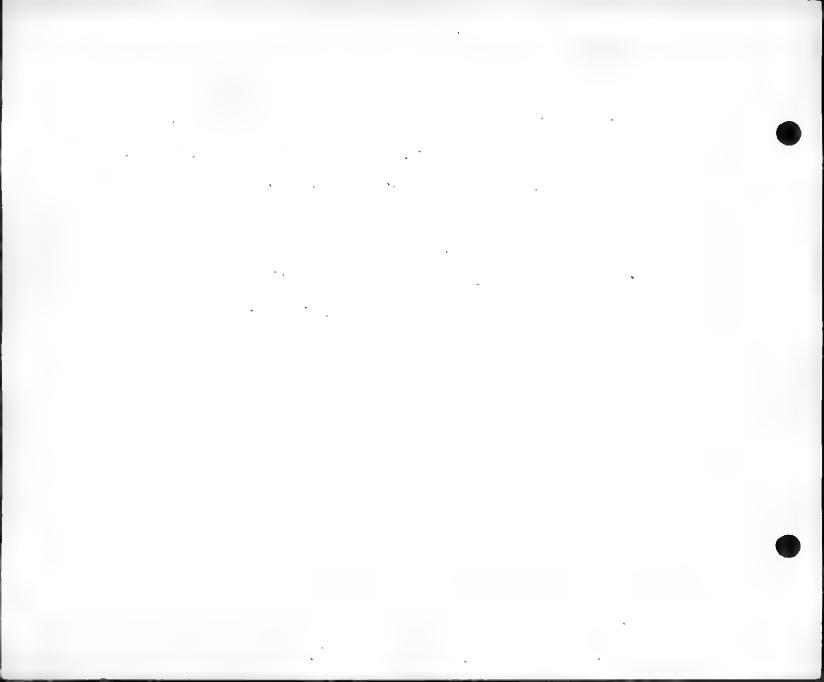


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03347			CERTII	FICATE	OF DEATH			()	595	2
1.	PLACE OF DEAT	Н	·			2. USUAL RESIDENC	E (Where dec			ence before	admission)
	Montgon	nerv		MA	RYLAND	a. STATE Florida		b. COUNT	Υ		/
	b. CITY DR TOW	N (if outside corpo and give nearest	orate limits,	c. LENGTH DF ST		c. CITY OR TOWN (If		orate Ilmits, writ	e RURAL an	give nea	rest town)
	Betheso	_	town)	35 day	18	Opa-loc	eka		110		
		SPITAL OR INSTITU	ITION (If not in i			d. STREET ADDRESS	7,02.00		I	B. IS R	ESIDENCE A FARM?
ψ	he Clinic	al Center	. Rethes	ida . Md. 2	20017	3260 N.W.	176th	Terrace		YES	NO
	NAME OF	MA COMICOL	First	Middle	.0014	Last	4. DATE	Month			Year
	(Type or print)	An	ita	Marie	131	oanks	OF DEATH	March	14	. 1	9 66
5.	SEX	6. COLOR OR RAC		NEVER MARR		. DATE OF BIRTH	9.	AGE (In years I last birthday)	FUNDER 1 Y	EAR IF UNI	DER 24 HRS
	Female	White	WIDOWED	DIVOR	CED	October 19	931	34 yrs.	Aonths Da	ys Hou	rs   Min.
10	a. USUAL OCCUPAT	ION (Give kind of we	ork done 10b. I	(IND OF BUSINESS	OR	11. BIRTHPLACE (C			12. CITIZ	EN OF WH	IAT
us	Housewii		ureu) i	None		New York	c		0001	111.1.	
13	. FATHER'S NAM	Ē				14. MOTHER'S MAID					
	William					Estelle	Tryon				
		EVER IN U.S. ARMED		SOCIAL SECURITY	NO. 17.	INFORMANT he Me	dical	Recordiress			
	No			Availabl	e The	Clinical (	Center,	Bethesd	a. Md.	2001	4
	18. CAUSE DF	DEATH [ Enter only	one cause per	line for (a), (b), and	i (c).}					NTERVAL ONSET AN	
	PART I. DI	EATH WAS CAUSED IMMEDIATE CAU	BY: Sub-	arachnoid	Hemon	rrhage				6 hou	ırs
	204		UE TO								
	Conditions, if		(b)_ ' _A	cute Myelo	genou	Leukemia				1 ye	ars
	gave rise to cause (a), s	\ n	UE TO								
_	underlying caus	se last.	(c)	71.70							
01 10 10	PART II. OTHER:	SIGNIFICANTCOND	ITIONS CONTRIB	UTING TO DEATH BU	IT NOT RELA	TED TO THE TERMINAL D	DISEASE CON	DITION GIVEN IN P	ART 1(a)	19. WAS PERF	ORMED?
FICA										YES K	NO _
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF D TIFY MEDICAL EXA	EATH 20b.	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature of	f Injury in Pa	rt I or Part II of	Item 18.)		
5				Towns of the same			1 200				101-40
MEDICAL	Hour a.	INJURY Month, Da	ay, Year 20d. While	NOT WHILE -		E DF INJURY (Home, fa y, street, office bldg., e		City or town)	(Count)	')	(State)
뿔	р.		19 at wor	k at work							
	21. I certif	ly that <b>D</b> (this h	ospital) attend	led the deceased	from Fe	ruary 7 , I	9 <b>66</b> , to_	March 14	., 1966_	, that 🏋	(we) las
	saw the de		Platen 12	19 00	, and that	death occurred at-	z-yyw, tro	m the causes a	nd on the		ed above
	Hem		1-0:	N		ATTENDING	MED.	STAFF PHYS.	14 Me		1066
	22c. PHYSICIA		Junior.	17.	M.D.	PHYS	DIRECTOR L	ical Cen	ter. N	ation	1900
	NAME (T	ype) Herman	n A. Th Ge	odwin, Jr.	, M.D				-		
23	BURIAL, CREN	MATION, 23b. DA'	TE THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY		CATION (City, tov		-	(State)
	Burial Sp	eclfy) 3-18	3-66	Flagler	Memor:		Miar		Florid		
	. FUNERAL DIRI		4200	ADDRESS	D-1 C	25a. REC	C'D BY REGIS	TRAR 25b. RE			
■ 184	TINGIM HI	ineral Hom	ne 4308	Suitland	Rd Su	itland MAR	10 19	366 <i>sca</i>	iarles	The Sal	er.

7 t e t 40

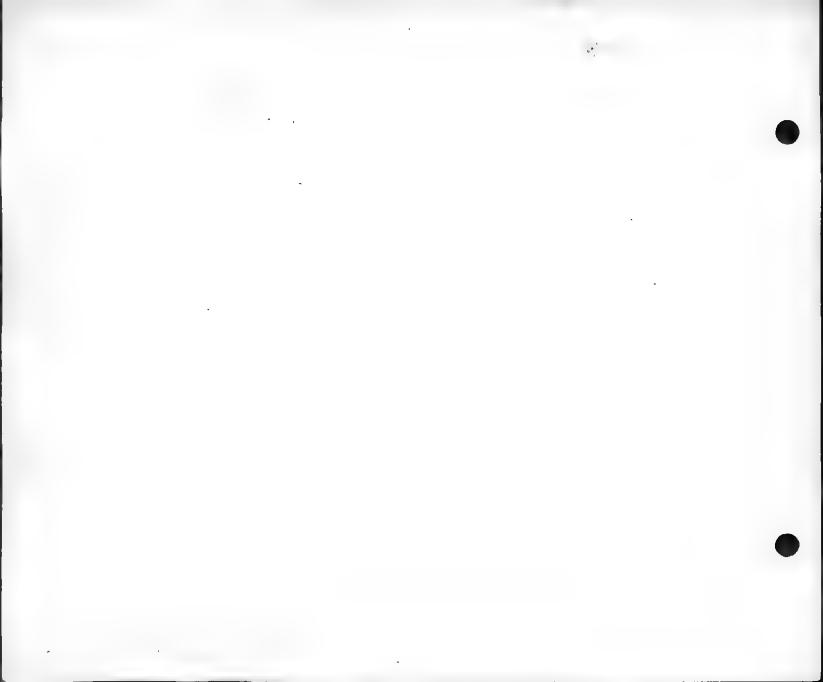
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH Residence befare admiss an) a. COUNTY o. STATE b. COUNTY Page ONTGOMER death. MARYLANO C LENGTH OF STAY IN 16 outside tarparate I mits write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESIDENCE haurs ON A FARM? w th farm State ( NO 💢 b haurs after death NAME OF DATE Last DECEASED OF GIVE heodore ENOSTROM (Type or print) DEATH alang S SEX 7 MARRIED 8 OATE OF BRTH AGE (In years last birthday) Manths WHITE WIOOWEO 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR BIRTHPLACE (State or fare on country) 12 CITIZEN OF WHAT during most of working te, even it retired)
RETIRED POLICEM U.S. A. MICHIGAN Examiner's pencil 13. FATHER'S NAME 14 MOTHER'S MAIOEN NAMI FRISK INFORMANT 16 SOCAL SECURITY NO ie, writing the ward "pemding ii farwarded to the Chief Medical remayal, 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cardiac art INTERVAL BETWEEN Cardiac arrest following surgical repair ONSET AND DEATH IMMEDIATE CAUSE (d' certificate shauld bur'al, crematian, Canditions, if any, which gave of ruptured abdominal aortic aneurysm rise to immediate cause (a), **OUE TO** stating the underlying cause D (c) with hemorrhage. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMEO? NO. D 20g. EXTERNAL CAUSE WAS its designated agent, prior 20b OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF IN JRY Manth, Oav, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (( ty or fown) (Caunty) (State) Haur a.m factory, street office bida, etc.) Nat While at work L ot wark 21. I certify that I took charge of the remains described abaye, held an Autapsy [X] Inspection 🔀 and in my apinian funeral director. death resulted from Natural causes X Undetermined manner Accident / Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAMINER may be re FUNERAL I SIGNATURE 5 may be r TO FUNERAL Health or it DEPLTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar caunty) the 23d. LOCATION (City or Town) 23a BUR AL CREMATION. (County) EREMOVAL (Specify) VR A15ME (5) 6M 1/66



Items 18&21 Film G376 MARYPAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed led. if institution: Residence before admission) montgomery b. COUNTY Page Carolina hours after death. MARYLAND delay and 3 Department CITY OR TOWN (If outs de corporate limits, write RURAL and give negres town) C LENGTH OF STAY N 16 outside corporate milis, write RJRAL and a ve nearest town) and P.M.3 JairmonT akoma d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? form 209 Oak Wood Give Poges State NO executed within 24 hours ofter deoth NAME OF DATE Month Dov DECEASED OF 19 66 within (Type or print DEATH S SEX JE LINDER 24 HRS 6 COLOR OR RACE IF UNDER 1 YEAR #7 MARRIED NEVER MARRIED DATE OF BIRTH 4 (bst birthdoy) 9 AGE (In years Months Dovs Hours in Item 18. male poges lond2 v in ony event v WIDOWED D VORCED Office, 10n USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

ORIVER

BORO INDUSTRY COUNTRY? FAIRMOUNT, M. CAR. TRUCKING CO. Examiner's penci 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM pug 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT |DDJ PM a burrol-tronsit permit. (Yes, no arenknown) (If yes a ve war or dates of service) BAITIMORE 16 W.W.II 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) NTERVAL BETWEEN burrol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH the Chief Acute\_coronary insufficiency IMMED ATE CAUSE (0) 1201 certificate should writing the word DUE TO Conditions, if any, which gove Generalized arteriosclerosis (b) rise to immediate couse (a), forwards to DUE TO stoting the underlying couse 0.5 burial, .9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION pleose execute the certificate, 9 NO. 4 should be 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 18) its designated agent, prior 3 should PRIMARY I or CONTRIBUTING [7] STAL EXAMINER: CAUSE OF DEATH. 20c TIME OF INJURY Month Doy, Year 20d N. JRY OCC., RRED 20e PLACE OF INJURY (Home form 20f (City or town) (County) (Stote) Hour om Not While foctory, street, office bidgilletc) may be retoined for your FUNERAL DIRECTOR: Page Page at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy XI Inspection X ond in my apinian the funeral director. death resulted from Natural causes X Accident Suicide Hamicide Undetermined mariner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Heolth or i Address (Street, city, 104 n, or county) NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 230 CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Fairmont. North Carolina 4-1-66 Church Cemetery Burial REGISTRAR'S SIGNATURE RECD BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb VR A15ME (5) 1966 Washington Funeral Chapel 6M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending paysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please femance corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death Poge 4 moy be retoined by the hospital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03945			CERTIFICAT	E OF DEATH			()39	35				
	PLACE OF DEATH				2 USUAL RESIDENCE (V	Vhere dec			e before	odm ssic	n)/		
	o COUNTY Mon	tgomery		MARYLAND	o. STATE Virginia								
-	b CITY OR TOWN (II	auts de corporate limit	5,	c LENGTH OF STAY IN 16	CITY OR TOWN (If au			As and give	neares1	town)			
		give regresi town) da (Rural)		69 days	Arlington	1		5	2				
-		L OR INSTITUTION (If no	at in hospital, g		d. STREET ADDRESS	2			e	IS RESIE			
	U. S. Nav	al Hospita	1			_	rmont Stree	101			NO XX		
	NAME OF DECEASED		rs†	M·ddle	Lost	4. DAT			Day	Yec			
	(Type or print)	Josep		Tarbell	FERRELL	DEA	Y		7		66		
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH		9 AGE (In years last birthdoy) 75 yrs.	IF UNDER 1 Manths	YEAR Doys	IF UNDER	Man.		
F	emale	Cauc	WIDOWED		Mar.27, 1890								
	JSUAL OCCUPATION ing mast of working le	Give kind of work done		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County	& State, a	r foreign country)	12. Cit.	ZEN OF NTRY?	TAHW			
UUI	House	wife	1141	7031K1	Boston, Ma	assac	chusetts		Ü	.S.A			
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N								
	Edmund I	arbell			Emaline S	South	ner						
IS.	WAS DECEASED EVER	IN L S ARMED FORCES?	16 5	OCIAL SECURITY NO 17	INFORMANT		Addres	s Vi	rgi	nia			
(14	I)O	If yes give wor or dates	at service)	1	Mrs. John W.	McLa	ain Ferlair	ı Farn	ns,M	adis	on/		
	18. CAUSE OF DEA	ATH (Enter only one cou	se per line far	(a), (b), and (c).)		***				RVAL BET			
	PART I. DEATH WAS CAUSED BY. Metastatic carcinoma of the bladder								ONSET AND DEATH				
	DUE TO												
		Canditions, if ony, which gave ) (b)											
	rise to immediate	nse to immediate cause (a), stating the underlying cause DUE TO											
	last.	Ying tause	(c)										
	PART II OTHER SIG	NIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION G	IVEN IN PART 1(o)		19 WAS AUTOPSY				
ĮŽ.		•							PERFORMED?				
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in I	Part I or	Port II of item 18.]						
MEDICAL	20c. TIME OF INJUI Hour a.m p.m	10	20d IN While at wark	Not While fo	LACE OF INJURY (Home, form actory, street, office bldg., etc.)		f. (City or town)	(Cour	ntγ)	(	State)		
	21. I certif	y that-{1) (this hos	pital) attend	led the deceased from	Dec.28 ,1	965	, to <u>Mar. 7</u>	, 1966	, the	tati) (tak te	we) last		
	saw the de	ceased olive an 1	ar. 7	1 <u>66</u> , and th	at death accurred at	630/	AM, fram causes a	ind on th	e dote	stoted	obove		
		lucio C			M.D. PHYS	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNE	D			
	22c PHYSICIAN'S, NAME (Type)	Edward C.	Gilbert	, M.D.	U. S. Nan	val I	Hospital, 1	Bethes	eda,	Md.			
230	BUR AL, CREMATIO		EREOF	23c NAME OF CEMETERY O	R CREMATORY	23d	LOCATION (City or Tow	m) (	County)	(\$	tote)		
Ŧ	REMOVAL (Specify)	3-10	-66	Arlington	National	A	rlington		Vir	gini	a		

RECD BY REGISTRAN

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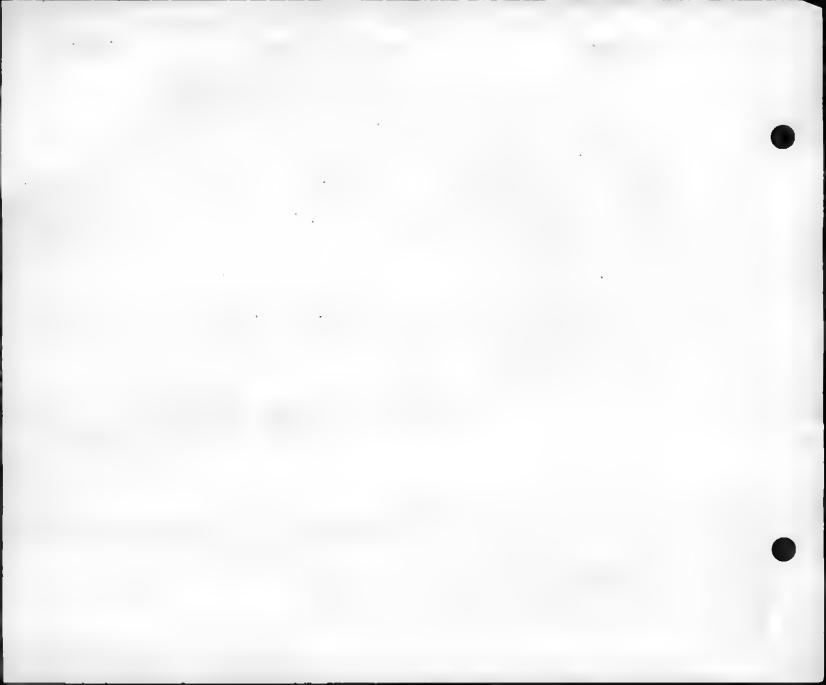
REGISTRAR S SIGNATURE

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1956

West Braddock Mess

Everly-Wheatley Funeral Home, /Alexandria.

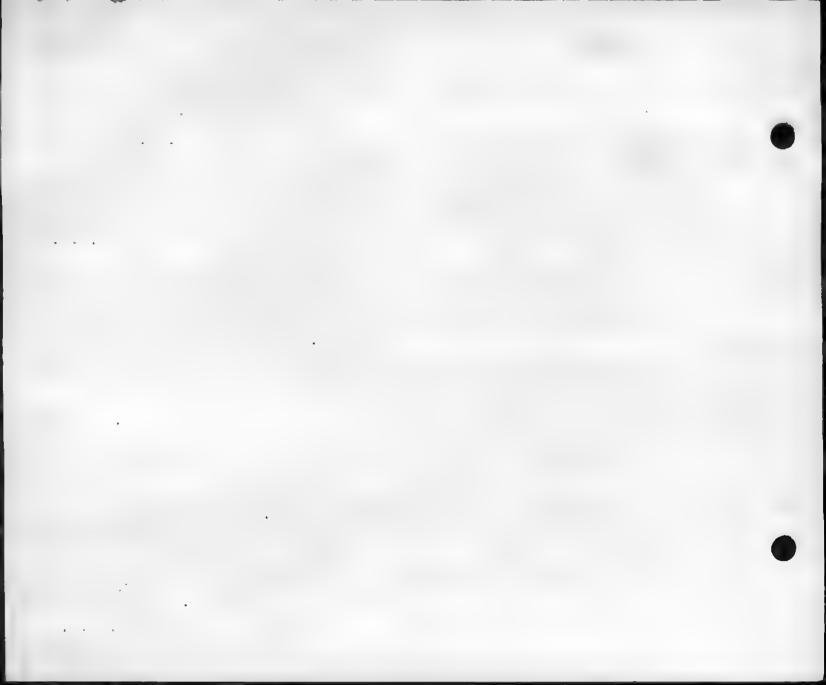


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after deapth. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fired, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
Montgomery MARYLANO	A I I I CITAL AND IN COMPANY
b. CiTY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Kensington	washington, D.C.
d. NAME CE HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AGORESS  e. IS RESIDENCE ON A FARM?
Carroll Hall Sanitarium	3918 Jenifer St. N.W. YES NOT
10231 Carroll Place	
3. NAME DF FIRST Middle	Last 4. DATE Month Day Year
(Type or print) NIWA	LAUME DEATH MARCH 5 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7 IN WIDOWED TO OLVORGED TO	7/28/84 81 yrs. Months Days Hours Min.
	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	Russia Country?
Housewille	
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME
Victor Merjeyevsky	Maria Stroganov
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address
	thel Flaume same as #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CORON ARY	000 200 100
4001 DUE TO	· - 11 - T- ( )
Conditions, if any, which (b) ARTEROSOKER	osis & HypEnlension
gave rise to immediate cause (a), stating the DUE TO	√ /
underlying cause last. (c)	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL  FRACTURES HIS SENT 1965 Com p. L.  20a. ACCIDENT WAS UNDERLYING D. 20b. DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING D. CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etely Henled-PT up + Walking YES NO
PRACIURES HIP SES 1863 COM PL	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Stille. (Elite Stille of Injuly 87 tolle for the control toll 2017
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	
21. 1 certify that (I) (this hospital) attended the deceased from	EPTem he 1965 to MARCH 1966 that (1) (we) last
saw the deceased alive on MARCH 2 1946, and that	t death occurred at 1.40 M, from the causes and on the date stated above.
22a. SIGNATURE A	22b. DATE SIGNED
1 0 4/1	ATTENOING MEO. STAFF 7 3 - 5 (6
22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS. 3 - 5 66
NAME (Type) SARAH E. C. LOVE R M.D.	1 1 1
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 3/8/66 Rock Creek	Cemetery Washington D.C.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
of A A wester Con 2901 1481-NO	DAMAR 8 1999
A Transfer of the second	P.C.



FOR STATE
HEALTH DEPT.

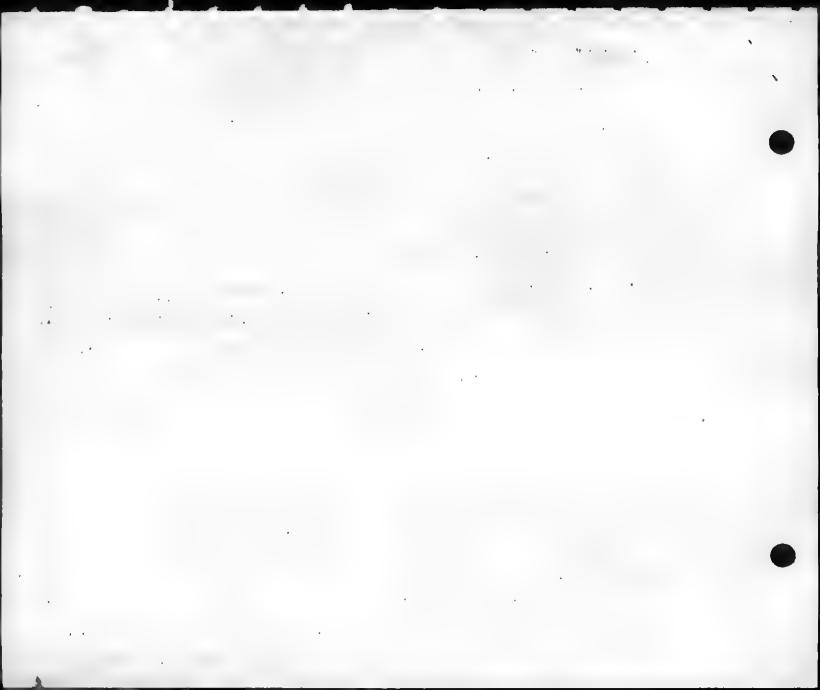
O DEPUTY MEDIOL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. vent within 72 hours after death. pages 1 TO FUNERAL DIRECTOR: Page 3 should be used as a burlai-transit permit. File of Health or its designated agent, prior to burlai, cremation, or removal, and TO DEPUTY MEDIC

> VR AI 5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 3937

1	_03947	MEDICAL EX	(AMINER'S	CERTIFICATE	OF DEATH	3937
		mery	MARYLAND	a. STATE Ma		ontgonierg
	b. CITY OR TOWN (If outside c write RURAL and give near	ist town)	Years.		iside corporata limits, write RURAL どんつうちゃ _	, ,
	d. NAME OF HOSPITAL OR INST	officer - Rel	, give street address)	d. STREET ADDRESS	Ruffin Rul-	o. IS RESIDENCE ON A FARM? YES NO.
		First	Middle Fu	rhershaw 4	DEATH March	Day Year 3 1966
	5. SEX 6. COLOR OR W-	WIDOWED [	DIVORCED	8. DATE OF BIRTH 12/8/188	yrs 1	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of during most of working life, even if  Tetired Denti  13. FATHER'S NAME	retired) INDUSTE		11. BIRTHPLACE (State	ork.	TIZEN OF WHAT
	James H. Furb			14. MOTHER'S MAIDEN  Mary Lav	vton	
	15, WAS DECEASED EVER IN U.S. AR: (Yes, no, or unkown)   (If yes give war or  YES   WWL	dates of service) 213-	38-2085 M	informant iriam Furbe	6402 Ruff ershawChevy Cha	in Rd. se, Md.
	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUSE IMMEDIATE	ED BY:		ifficency	Acute	INTERVAL BETWEEN ONSET AND DEATH Sector-7
	Conditions, if eny, which gave rise to immediate	(b) Care	dio Vasc	war Dise	754-	Years
	ceuse (a), steting the underlying cause last.	(c)				WAS THEODOX
	ICATIC				ASECONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
					ury in Part I or Pert II of Item 18	·
	20c. TIME OF INJURY Month Hour e.m. p.m.	19 at work a	ot While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)		inty) (State)
	21. I certify that I took death resulted from: N			d an Autopsy [], li cide [], Homicide	nspection 🔀, Inquiry 🔼,	and in my opinion
	ACTUAL SIGNATURE	Am M. Bal	el .	CHIEF MEDICAL EX	AL EXAMINER	22. DATE SIGNED
	f man falkel	G. Ball, M	NAME OF CEMETERY		ity, town, or county) Bethes 23d. LOCATION (City, town or co	
		1 . 1		Crematory	_	yland s signature
	Robert A. Pun	phrey Beth	nësda, Md.	DMAR 1	0 1966 Charle	A



### MARYLAND STATE DEPARTMENT OF HEALTH

- 1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE		03943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3938
HEALIH DEPI.	1.	PLACE OF DEATH  a COUNTY MONT 90 nery MARY AND  2 USUAL RESIDENCE (Where deceased fived, if institution Residence of STATE Mary and b COUNTY Me	e before admission)
the If only delay is form PM3 Page at Department of hours after death.		b CITY OR TOWN (If outside carparate mits, write RURAL and give margest town)  C CTY OR TOWN (If outside carparate limits, write RURAL and give margest town)  Reckviile.	neorest town)
ges 1, 2, 1 form Plante Departments after thours after thousand the period of the peri		d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress)  263 Congressional Lane.  263 Congressional Lane.	e S RESIDEN ON A FAR YES NO
after death If a Give Pages I, along with form		NAME OF DECEASED (Type or print)  Dean-  Middle  Galla Ther OF DEATH Month  Month  Month  Month	Doy Year 29 1964
		NIDOWED DIVORCED 1 3019 26 /891 68 YIS	YEAR   IF UNDER 2- Days Hours
or 24 haurs In Item   er's Office ges ladder any event	dur	et. Secretery Retail Credit Assa. W35h1n9ton. DC (OU	INTRY 21.5 A
withir ramin kamin le le le la	13.	Patrick. Gallaghei 14. Mother's Mailen Name Nary Dean.	
= = = =	15 (Ye	WAS DECEASED EVER IN U.S ARMED FORCES? Is, na, ar unknown) (If yes give war ar dotes of service) 578-14-1509 We Was Deceased EVER IN U.S ARMED FORCES?  Address  M. Edward Gallagher 2018 Lanier D.	r. S.S. M
be "pe ansil		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: Sincoke Inholate (AUSE (a) Sincoke Inholation	INTERVAL BETWE
he ward "per ta the Chief I burial transit		9/60 DUE TO Conditions, fany which gave (b) Fire in APart ment.  rise to immediate cause (a).	30/min
irate ing the ded to ded to as a		stoting the underlying cause   Get	
his after to to to	CERTIFICAT ON	PART II OTHER S GNIFIKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPS PERFORMED YES NO
AMINER: The certifice of should be surfiles of 3 should be agent, prior		200 EXTERNAL CAUSE WAS PRIMARY OF CONTR BUTING (1) CAUSE OF DEATH  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II of item 1B)  Sat Fire to Chair injury in Part II of item 1B)	
7 0 0 0 7	MEDICAL	20c TIME OF N.JRY Manth, Day, Year 20d INJURY OCCURRED 3 20e PLACE OF INJURY (Home, farm, factory street, office blag, etc.) 20f (City ar tawn) (Court of the plant of the pla	ont. M
		21   certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from Natural couses , Accident , Suicide , Hamicide , Undetermined manner	, ,
S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE John 15. Ball MD ASSISTANT MEDICAL EXAMINER 3/20/6	22. DATE SIG
o DEPUTY MEDICAL IN necessary, please exert the funeral director. Po 5 may be retained for 6 FUNERAL DIRECTOR: 1	02.	EXAMINER'S NAME (Type)  Sohn G. Ball MD  Bethesda, Md. Address (Street, cty, lown, or county)  Burial, CREMATION, 23b Date THEREOF 23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town)	
nece the 5 m	230	BERIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ( BERNAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ( BERNAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ( BERNAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ( BERNAL CREMATORY 23d LOCATION ( BERNAL CREMATORY 23d LOCATION (BERNAL	(County) (State

3/31/66

VR A15ME (5) 6M 1/66

24 FUNERAL DIREC

BEMOVAL (Specify)

Fort Lincoln
ADDRESS Ga. Ave. S.S., Md.

DAPR 4 19

County. George 25b REGISTRAR'S SIGNATURE

S RESIDENCE ON A FARM?

INTERVAL BETWEEN

19 WAS AUTOPSY
PERFORMED?
YES NO

(State)

Met.

ond in my opinion

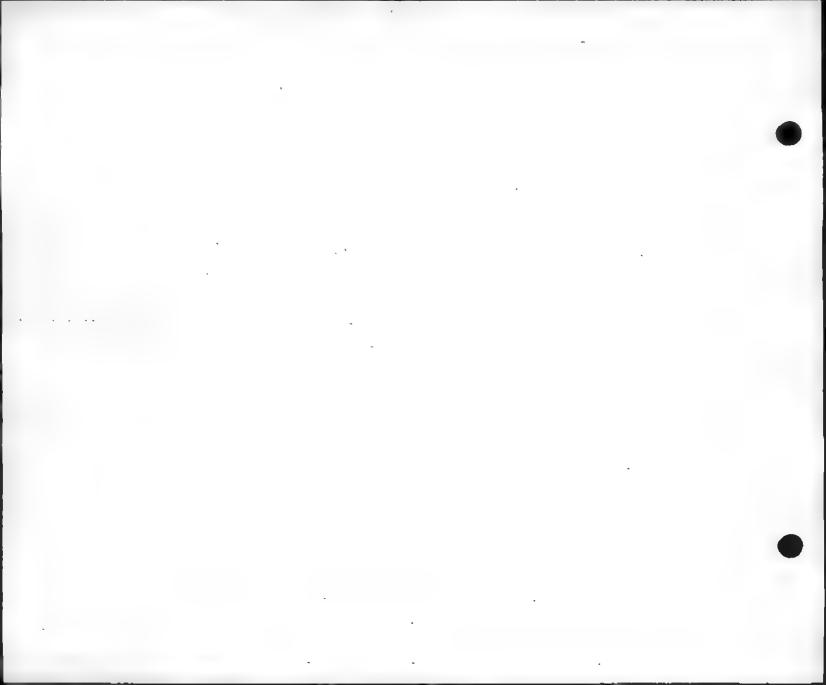
22. DATE SIGNED

(State)

.5 A

1966 IF UNDER 24 HRS

1966



THE MOSNITHE HE ATTEMENTS NEVER THE LAW INTERIOR THE PROPERTY CONTINUED WITHIN 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

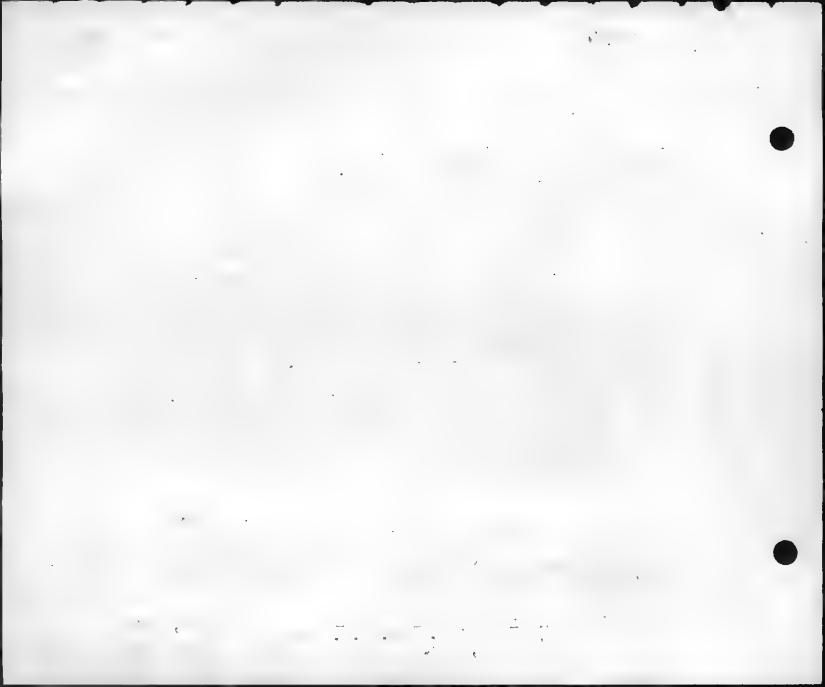
OSSESSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Thems 4.21.22 | 1.30 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.40 | 1.

1.	PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	MCNTGCMERY MARYIAND	a. STATE b. COUNTY MARYLAND MENTGENERY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	TO CATALLE STORY	KENSINGTONural / 1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
1,1	ETHESDA-SILVER SPRING ALRSING HOME	9910 - WILD WOOD ROAD YES NO NO
3.	NAME OF DECEASED (Type or print) EDITH GAY	Last 4. DATE Month Day Year OF DEATH No. 22 3 3 6 6
5.		3. DATE OF BIRTH 19. ACE (In years   IF UNDER 1 YEAR IIF UNDER 24 HRS.
1	EMALE WHITE WIDOWED DIVORCED	1-13-1582 last birthday) Months Days Hours Min.
10a	USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	FATHER'S NAME	OHIO (Franklin Joundy) 4.5,14.
13.	Laure De la sa	14. MOTHER'S MAIDEN NAME
15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17.	HDAL. DOHERITY
(Ye	is, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	1//	ENDELL P. Gayman (SEELTEM ZIGLOVE)
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSE) AND DEATH
	IMMEDIATE CAUSE (a)	(cho,
	Conditions, If any, which \ DEHLETO	TION 1 W.
	gave rise to Immediate	
	cause (a), stating the DUE TO CERE BRALL underlying cause last.	ARTERIOSCLERUSIS HOLLE
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(6) 19 WAS AUTOPSY
FICAT	DIABETES MELLITL	PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
AL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDIC		y, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from_/	
	saw the deceased alive on 22 7 4 1966, and that	death occurred atM, from the causes and on the date stated above.
	220 SYGNATURE	ATTENDING MED. STAFF 22b. DATE SICKE
	226, PRIVSTCIANS M.D	PHYS DIRECTOR PHYS. 3/2/6
	/ NAME (Type) Horace .ri it Bernton	4747 Bradley Blvd., Chevy mass, ad.
23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
F	Removal 3024 1966 bet. Luther	on Cemetery Obetz, Ohio
24	FUNERAL DIRECTOR DISC ADATES N.W	DO 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
0 (	oseph Gawler's Sons, Inc. Ashingto	10, 10 TOAMAR 24 1966 Acharles Judge
4		

VR #15 (4) 20M 1/65



FOR STATE DEPT. HEALTH

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay incessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office mong with form PM3. Page 5 may be retained for your files. Department after death. permit, File pages Iland with the State removal, and in any event within 72 hours used as a burial-transit to burial, cremation, or 3 should be a TO FUNERAL DIRECTOR: Page of Health or its designated

TO DEPUTY MEDIC

VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINER'S CERTIFICATE OF DEATH

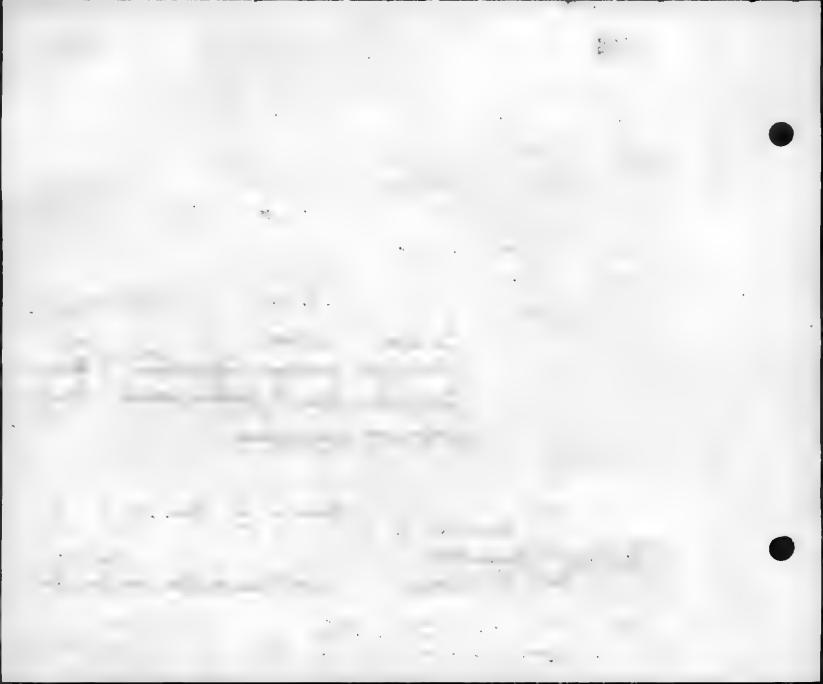
1394() 03950

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
Montgonser-1 MARYLAND	a. STATE MC - b. COUNTY	nt 12may
b. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
Rockville 747	Rockville.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
5103 Brentford Rd-	5103 Brent Word-Kel	- YES NO 🛛
3. NAME OF DECEASED (Type or print)	G.e.ICK J. DATE Month OF DEATH MORCH	7 1966
	8. OATE OF BIRTH 19. AGE (In years I F UNDER 1	
7e W WIDOWED X OIVORGED	101.6/1886 79 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CII	TIZEN OF WHAT
Wrapping Clerk Mill	Bermiany	45
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Herman. Wolf -	TheresA Mon109	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]		1
No 143-05-3429	Mrs Barden, Some BLA	bole_
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary I	nsufficency Acute_	Sudden
420/ OUE TO	, ~	1/0000
Conditions, If eny, which   (b) Carclio Vasc	Uler Viscase -	years
ceuse (a), stating the DUE TO		
underlying cause last. (c)	The state of the s	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?
20a, EXTERNAL CAUSE WAS   20b, DESCRIBE HOW INJURY OCCU	URREO. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCUR. CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor of the control of the c	SARCO. (Citte) Hatere of mighty the care 2 of Fair it of Hand 10.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	AGE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bidg., etc.)	nty) (State)
Hour a.m. While Not While p.m. 19 at work at work	ny, street, omea bidg., etc.,	
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes X, Accident , Su	icide , Homicide , Undetermined manner	
0 6 4 6 10	CHIEF MEDICAL EXAMINER	
SIGNATURE Debut J. Ball	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S JOHN G. BALL	DEPUTY MEDICAL EXAMINER ( 3/7)	66
NAME (Type)		sda, Md.
REMOVAL (Specify)		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	ryland
ROBERT A. PUMPHREY Bethesda, Man	ryland MAR 11 1966 fillande	Judge

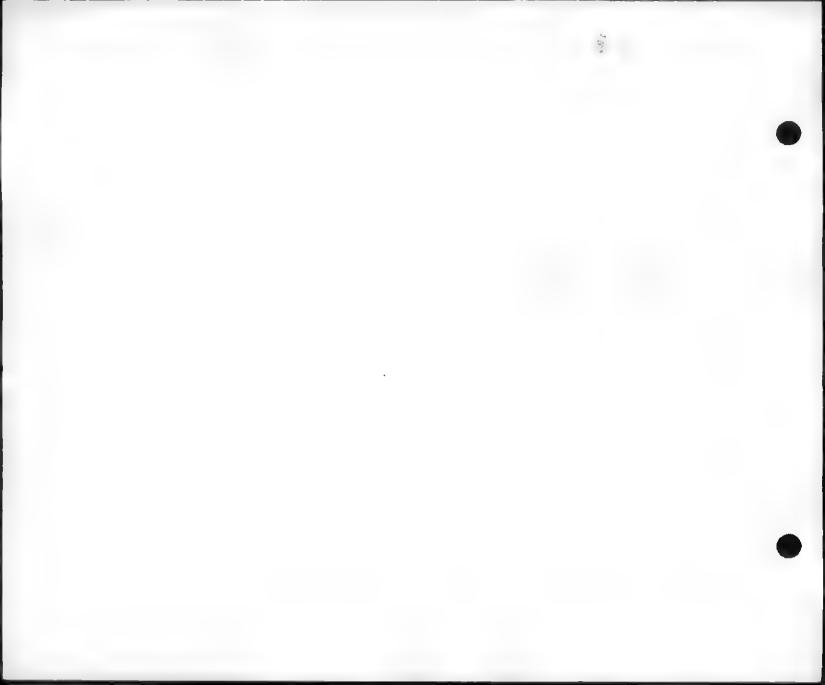
TO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the dmath certificate lie exemited within 24 llours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	USSBA	CERTIFICATI	E UP DEATH		115941
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	there deceased lived, if institu	tion: Residence before admission)
	a. COUNTY		a. STATE	b. COUNTY	
	MORT FOMERY	MARYLAND	177.7	MICKT	C.CAXAY
1	b. CITY OR TOWN (if outside corporate li	mits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	de corporate limits, write	RURAL and give nearest town)
1	write RURAL and give nearest town)	- 8DAY5	At Carlon	1 -00111	_
-	d. NAME OF HOSPITAL OR INSTITUTION (I			SPEINE	6. IS RESIDENCE
	a .	i nor in nospital, Rive street address)	d. STREET AOORESS		ON A FARM?
-	WHOM SANITHIELL'	m + 1402 P	7915 TAK	MA OTRE	YES NO
3.	NAME OF First	Buron	Last 4.	DATE Month	Day Year
	(Type or print) (- Englo E	Brownierista 6	ERMARD	DEATH 5	-22 1966
5	AFY COLOR OF STAFF	MARRIED NEVER MARRIED 1	8. DATE OF BIRTH	9. AGE (in years   IF!	UNOER 1 YEAR JIF UNDER 24 HRS.
	120	<u> </u>	17-17 02	tast birthday) Mo	nths Days Hours Min.
		VIDOWED DIVORCED	2-15-82	yrs.	
du	a. USUAL OCCUPATION (Give kind of work done iring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	KITIKE Realato		ITNDI	911:49	451
13	B. FATHER'S NAME	A REGIEDANCE	1 14. MOTHER'S MAJOEN N	AMF	1 3 7 /
	2 0		7		
	1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CHARD	Unknown 74	RR 15	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	0
10	es, no, or unknown) (If yes give war or dates of serv	313-34-9422	m, D yernard	9715 Jakama	Heenue Ms
	None		2000	owe	t Strung, I'ld.
	18. CAUSE OF DEATH [Enter only one ca	use per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND CEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	( IN ALAC)	arrear.		Commed-
	,			a stellar	sul
	Conditions, If any, which	HISToriati	Implalance (	her ondelorence	1 Sh Anne
	gave rise to immediate (b)_	the factor	CITCIO COLO	1 10 Caracanac	- July
	cause (a), stating the DUE TO	1 - +	1 1 1	16 1 Marini	81
	underlying cause last, (c)	Con gestion	nearl / al	ur, wunus	C occarge
õ	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TOOPEATH BUT NOT RELA	TEO TO THE TERMINAL DISEA	SECONDITION GIVEN IN PAR	
CERTIFICATION		The second	1 . 11		PERFORMED?
문	On the Invited Handson Company		mplusem		
E	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCU	IRREO. Enter lature of Injui	ry in Part I or Part II of it	em 18)
2	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	)			
A.	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED   20e. PLAN	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
EDICAL	Hour a.m.		ry, street, office bldg., etc.)		(
Σ	p.m. 19	at work at work			
	21. I certify that (1) (this hospital	attended the deceased from	March 14 1966	to/harch 22	1962 that (We) last
	saw the deceased alive on Ma				
	22a. /SIGNATURE	and that	death occorred atwar		2b. DATE SIGNED
	1 1 1 1 1	en MD.	ATTENOING MEO.	CTAFF	И
	70071000	M,D	PHYS. OIREC	TOR PHYS.	Much 22, 1966_
	72c. PHYSICIAN'S TAMES	CNITTI	22d. ADDRESS	1. R. 1. 1.	1 h
17	June 10 ANGES 1C.	COLEMAN	9241 Colum	itis Blod. Bell	y spring MA
1/3	a. BURIAL, CREMATION, 236. DATE THE	REOF   23c. NAME OF CEMETERY	OR CREMATORY 1 2	3d. LOCATION (City, town	or county) (State)
1	REMOVAL (Specify)	4000		0. 1. 0. 1.	
	Burial March 25	1966 RMK Lindenwo		t. Wayne, Indi	
2	4. FUNERAL DIRECTOR J Glan Co.	2/134 1988 Sigia Hu	Cropo A	Y REGISTRAR   256. REGIS	
1 (	Varner & Dumphrey 91	nc. Silver Spring. 1	Md.   MAR 24	1956 Jalia	rles Judge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution, Residence before admission) o. COUNTY **6 COUNTY** P.M.3. Page to death. MARY, AND State Deportment b CITY OR TOWN (If outside corporate imits c. LENGTH OF STAY IN 16 aut de corporate imits, write RuRAL and give negliest town gnd give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE hours ON A FARM pencil in Item 18. Give Pages cominer's Office along with far NO 3 NAME OF First Middle DATE Month DECEASED 0F the March within CU1212 (Type or print) DEATH 19 66 with 1 F IF UNDER 24 HRS S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARR ED NEVER MARRIED DATE OF BIRTH st birthdoy) W DOWED DIVORCED CV 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, every's retired) INDUSTRY COUNTRY ? COKUILLE word "pending" in pencil in the Chief Medicol Examiner's SUSE WITE NONE 13- FATHER'S NAME 14 MOTHER'S MA DEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY. Cardiac Decompensation. 5 IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUE TO as cular Conditions, if only, which gove 15225 (b) rise to immediate couse (o). 2 16. 1 K **DUE TO** stating the underlying couse 0 forworded lost pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? obesi the certificate, NO 0 pe 20o EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 3 shourd should PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH ogent, I 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INTURY OCCURRED 20f. (City or town) (County) Hour o.m. foctory, street, office bldg , etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page Page of work of work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry [7]. and in my opinion death resulted fram: the funerol director Notural causes R Suicide 🗍 Accident | Homicide Undetermined manner CHIEF MEDICAL EXAMINER TO FUNERAL DIF ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL(Specify) 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR ATSME (S) 6M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after delither. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

DIVISION OF	MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	. MARYLAND
3958	CERTIFICATE OF DEATH	11394;
AGE OF OCCUPANT		

CERTIFICAL	C UF DEATH	116343
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
A. COUNTY	a. STATE b. COUNTY	
MARYLAND MARYLAND	Md. Monto	omery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUR)	AL and give nearest town)
	C. Lynn Causina	,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d emper apprece	I e. IS RESIDENCE
d. Maine of most the or institution in nospital, give street address)	d. STREET ADDRESS	ON A FARM?
Washington Jan + Hosp.	18813 reading Kd	YES NOX
3. NAME OF First Middle	Last 1.4 DATE Month	Day Year
DECEASED A	DF M	Day Teal
(Type or print) Archibald (nmn) G	DEATH MAC.	20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1888 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Sept. 2, 1988   last birthday) Months	Days Hours Min.
	yrs.	OLT CONTROL OF THE OTHER
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) UNDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
CHAUFFEUR Domestic.	Aspen, Md.	I.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	M. C. 1(1
1 1	A in the state of	
James Gill	Annie Raney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	rs. Annie Gill - wife	۵_
NO None y	rs. Annie Gill With	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- 20	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOUTE CONO	mary Insufficiency	6 his
(30)	1101 y 1100	
DUE 10	50/0001	10 11 11
Conditions, If any, which (b) Chrouic Co;	ronary Octerosis	10 gw.
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c) Ten ovalized	Artenas lerocio	20 %
7	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/2	119, WAS AUTOPSY
TA	11 PD 1 A SHE SENIGH AND MANAGE AND AND MANAGE TO MANAGE THE WAS	PERFORMED?
0		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury in Part I or Part I) of Item 1	(8.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PROPERTY OF		
	ACE-OF-INJURY (Home, farm,   20f. (City or town) (C	ounty) (State)
Hour a.m. While - Not While -	ory, street, office bidg., etc.)	ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m.  p.m. 19 at work at work	A	
21. I certify that (I) (this hospital) attended the deceased from	3/18 1937 to 2/20 190	ob, that (I) (we) last
	t death occurred at 3 M, from the causes and on	
22a. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
Mextessushulles M.	D. PHYS. DIRECTOR PHYS.	2/20/66
22c. PHYSICIAN'S	22d. ADDRESS	7
MME (Type) Shoewak or. M.D	1 1/ Nalo Bros Silver 7	brue hid -
	V OD ODERLATORY	7011
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or c	ounty) (State)
Burial March 23, 1966 Gate of Heav	en Silver Spring. M	aruland
24. FUNERAL DIRECTOR & House 8434 GDDRESS A Ave	25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
The same of the sa	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	en Judal
Warner E. Pumphrey, Inc. Silver Spring,	Marylan MAN Z 4 1956 June	4.0

VR A15 (4) 20M 1/65



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03854

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03944

1.	PLACE OF DEATH O COUNTY		2, USUAL RESIDENCE (Who	ere deceased lived If institution. Resid	dence before admission)		
	MONTGOMERY	MARYLAND	MD.	* COONING *	17.		
	b. CITY OR TOWN (If autside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL ar	nd give nearest lawn)		
	RURAL and give nearest town	since 1940	STUER	SPRING			
	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	OR INSTITUTION	BNUE	802 WA	WHE AVE.	YES NO IL		
3	NAME OF First	Middle	Last	4 DATE Month	Day Yeor		
	DECEASED (Type or print) BAILEY		SLADMON	DEATH MARCH	1 1966		
		RIED THEYER MARRIED	B DATE OF BIRTH		DER TYEAR IF UNDER 24 HRS		
	M W WIDOW		JUNE 1, 18	lost birthdoy) Month	Bays Hours Min.		
10c	JSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar foreign country) 12 (	CITIZEN OF WHAT COUNTRY?		
F	RETIRED - PRESSMAN		WASHING	TON. D. C.	U.S.		
	FATHER'S NAME		14. MOTHER'S MAIDEN N		-		
	RUDOLPH GLAD	MON	ELIZ	ABETH MITCHELL			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	Address			
	NO 5	79-54-3661 N	IRS. EMMA A.	GLADMON SAME	AS #2		
	18 CAUSE OF DEATH [Enter only one cause per le	ne far (a), (b), and (c)-)			INTERVAL BETWEEN		
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	2TERIOSCLE	ROSIS, GER	ERALIZ ED	ONSET AND DEATH		
	LLE A A DUE TO						
	Condition if my which						
	gave rise to immediate						
	tying cause last.						
Z	PART II OTHER S GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19, WAS AUTOPSY		
FICATION					PERFORMED?		
	200 ACCIDENT WAS UNDERLYING 200 DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18 )			
CERT	200 ACCIDENT WAS UNDERLYING TO DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	14	6-	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County) (State)		
MED	Hour a.m. While at wai	TAOL WILLS	and the second according an addition				
	21 I certify that (I) (this haspital) attend	ded the deceased fram	10/23 19	ST to MARCHI, 19	66 that (I) Twel last		
	saw the deceased alive an MARCH		. 45	M, fram the causes and an			
	220 SIGNATURE	A	1	7, 101	22b DATE		
	Jamesa, K	- beits	M.D. PHYS.	ED STAFF RECTOR PHYS	MARCH L. 10		
	22c PHESICIAN'S	2 -	22d ADDRESS		1.7		
	NAME (Type) JAMES A.	KOBERTS	8907 Ge	o. AVE, SILVER	SPRING, MD.		
230	BUR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or count	(Stote)		
	BURIAL 3-4-66	GATE-OF-H	EAVEN	SILVER SPRIN	G. MARYLAND		
24	FUNERAL DIRECTOR'S SIGNATURE TO COLL	MASH.		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE		
IF	FRANCIS J. COLLANS 38	21 14TH. ST.	N. W. DMAR	3 1968 Juan	les juage		

VR A15 (4) 15M 9/59



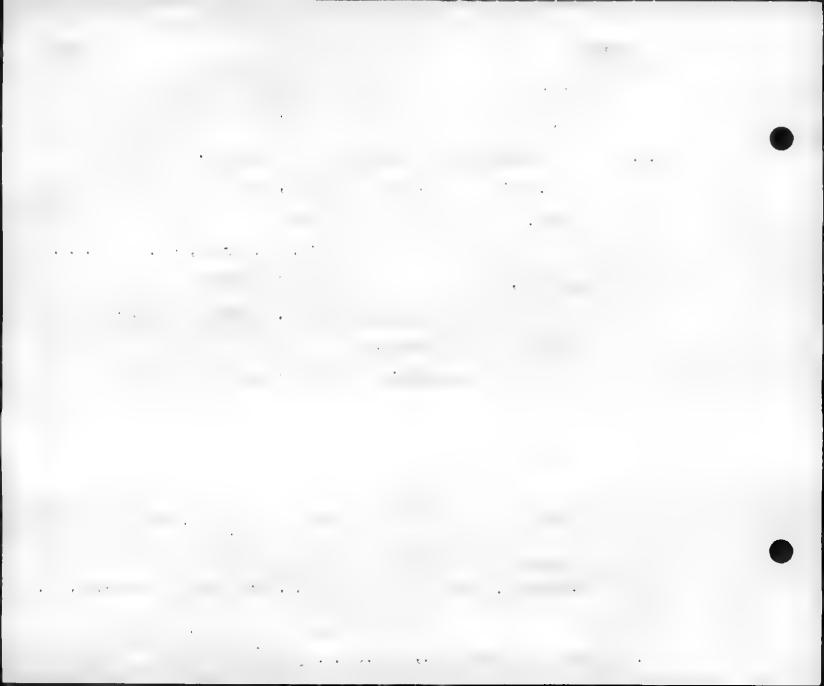
Tage 4 may be retained by the mospital of attentions processed by the attenting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defithments. 14 Tours after dealh. exacuted mitalin TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuires that the menth menth meath meather he Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	83355	CER	TIFICATE	OF DEATH		112945
1.	PLACE OF BEATH	1000 01		2. USUAL RESIDENCE (V	Where deceased lived, it institution: R	exidence before admission)
	b. CITY OR TOWN (if outside write RURAL and give no	corporate limits, c. LENGTH (	MARYLAND OF STAY IN 15	c. CITY OR TOWN (If outs	side corporate limits, write RURAL	and give nearest town)
<	Diller o	Pring Imon	th 2dd	Vs Washi	ington	111
×	d, NAME OF HOSPITAL OR IN	TITUTION (If no in hospital, give s	treet address)	d. STREET ADDRESS	1 5% N.W	ON A FARM?  YES NO X
3.	NAME OF DECEASED	First Mid	die	2 1 Last 4.		Day Year
	(Type or print)	rscheil 1	10,_6	5/255 _	DEATH March	27 19 66
5.	Dala duhi	R RACE 7. MARRIED NEVER M	VORCED 8.	DATE OF BIRTH	9. AGE (In years IFUNDER last birthday) Months	1 YEAR IFUNDER 24 HRS. Days Hours   Min.
102	USUAL OCCUPATION (Give kind ing most of working life, even	of work done 10b. KIND OF BUSIN	ESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12. Cl	TIZEN OF WHAT
	Electric)			Mouson	ri Ü	15,A,
13.	FATHER'S NAME	.01		14. MOTHER'S MAIDEN I	NAME	
15	IAMCS WAINCE WAS DECEASED EVER IN U.S. A	Y C7/055 RMEDFORCES? I 16. SOCIAL SECUE	RITYNO.   17.	Ethel You	Address	
(Ŷi		or dates of service)	- Fre		~	ee Item to
		only one cause per line for (a), (b)	, and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	CAUSE (a) Carol Co	or s cul	ou un +	milling	
	, /	DUE TO a te via	Selin	Cic. Il 20	De col. 10 100	6 years
	Conditions, If any, which gave rise to immediate	(b) (1) = 10 = 7	3	0.0 5 24		
	cause (a), stating the (	DUE TD Was el	C(2)	m ellitu	os deren	
NOI		ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA]		2) - severe	wer.	2 5 E F. C.	n	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	V INJURY OCCUR	RED. (Enter nature of Inju	iry in Part I or Part II of Item 18.	)
CAL	2Dc. TIME DE INJURY Mont	h, Day, Year   2Dd. INJURY OCCUR	RED   20e. PLACI	OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. p.m.	While Not While at work at work	e 🔲	sa cert ouice pick terry		
	21. I certify that (I) (t)	is hospital) attended the decea		- 1 19 6	5, tp 3 - 27 , 19 6	L, that (I) (we) last
	saw the deceased alive	on 3 - 27 19 6	6, and that	death occurred at 101	2.M, from the causes and on t	
	22a. SIGNATURE	Na Trucc	> 1-M.D.	ATTENDING MED.	STAFE - STATE	- 28 (6
	22c. PHYSICIAN'S NAME (Type)		M. D.	22d. ADDRESS	Hampshire Ave	
			OF CEMETERY		23d. LOCATION (City, town or cou	
200	- PEMOVAL (Spacify)				35	
24	FUNERAL DIRECTOR	ADDRE			MACON MISSOUT	
	Joseph Gawler	s Sons, Washi	ngton.	D.C. DAMAR 3	1 1966 Icharl	En Judge

VR A15 (4) 2DM 1/65 · t t 1

1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	
	03956 CERTIFICATE OF DEATH	1946
24 haurs after death ed in by the funeral pers Pages I and 2 72 hours after death	1 PLACE OF DEATH o. COUNTY Montgomery  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution Residence of STATE OHIO b. COUNTY	<b>√</b>
by the Pages	b CITY OR TOWN (if outside corporate mits, write RURAL and give nearest (awn)  Bethesda, (rural)  172 days  C LENGTH OF STAY IN 1b  C CITY OR TOWN (if outside corporate writs, write RURAL and give n  Marion	
24 ho 24 ho ppers	d NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress)  U.S. Naval Hospital Bethesda, Maryland  150 Boone Ave.	B IS RESIDENCE ON A FARM? YES NO K
executed within 24 haurs after described in by the function of the function of the function of the formal of the function of the formal of the	3 NAME OF First Middle Lost 4 DATE Month OF	Day Year 25 1966
e executed in any event, n any event,	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9 AGE (n yeors lost birthday) Months D  Male Gauge Widowed Divorced 5 AUG 1944 21 yrs	EAR IF UNDER 24 HRS
(a 2.5	100 US_AL OCCUPATION (Give kind of work done during mast of working life, even if retired)  10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) (COUNTY MA)  10c US_AL OCCUPATION (Give kind of work done during mast of working life, even if retired)  11c LITIZE  11d LITIZ	EN OF WHAT TRY? S.A.
th certificate ding physicial Then pleas remaval, and	13. FATHER'S NAME  Frank GOODMAN,  14. MOTHER'S MAIDEN NAME  Virginia ROBBS	
ne death cer attending p permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar anknown) (If yes give war ar dates of service) 521-58-5454 Francis J. GOODMAN Same as #2	
equires that the physician. signal by the burial-transit burial, cremat	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (o), stoffing the underlying cause last.  Carcinomatosis  DUE TO  (b) Adenocarcinoma of the prostate  DUE TO  (c)	INTERVAL BETWEEN ONSET AND DEATH
The atternas	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)	19. WAS AUTOPSY PERFORMED? YES WE NO
PHYSICIAN: e haspital or his certificate frached far u Dept. af Healt	20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  20c. FIME OF INJURY Manth, Doy, Year Hour a.m.  20d. INJURY OCCURRED   20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)	(Canta)
JING PHYSIC by the haspi after this certi be defacthed State Dept. at	p.m. 17   at work	
ATTENI etained CTOR: A should vith the	saw the deceased alive an 25 MAR 1966, and that death accurred at 1:00 M, from causes and an the	SIGNED
PITAL OR may be reRAL DIRE	M.D. PHYS. DIRECTOR PHYS. X 25 M.  22c PHYSCIANS NAME (Type) Lawrence A. Jones  22d ADDRESS U.S. Naval Hospital, Betheso	AR 1966 la, Md.
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	Burial 3/26/66 Highland Memorial Cemetery Mt. Carmel. III:	ounty) (State)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR  W.W. CHAMBERS, 1400 Chapin St., Wash., D.C.  250 REC'D BY REG STRAR  250 REC'D B	Judge



A

Z

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

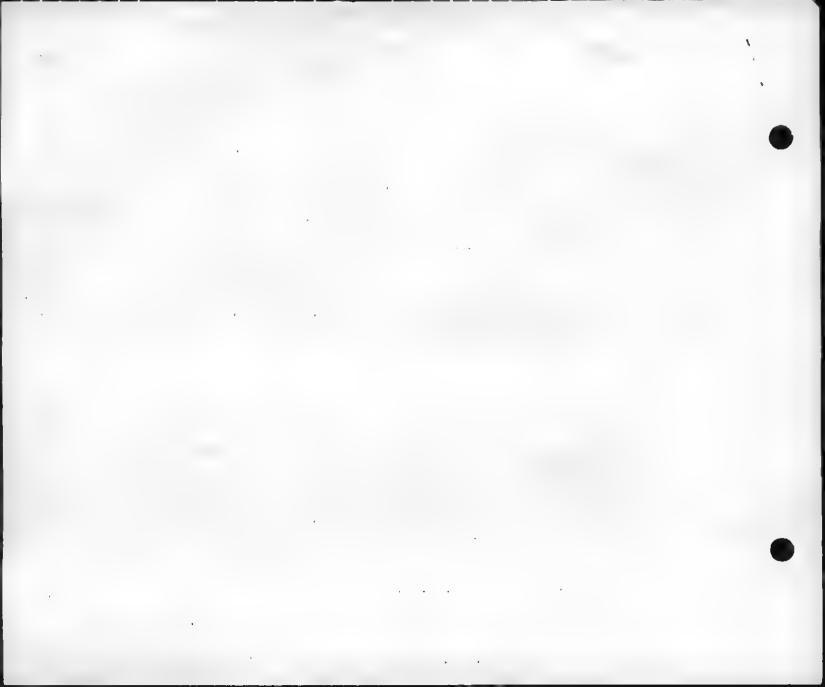
Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and care setely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremat on, or removal, and in any event, within 72 hours after deat

> VR A1II (4) 20 M 1/66

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

			, , , , , , , , , , , , , , , , , , , ,	CENTIFIC	ATE	OF DEATH	,,	4	1101
	9385			CEKTIFIC	Alt	OF DEATH			18947
1	PLACE OF DEATH					2 USUAL RESIDENCE (Whi		institution Residence	e before odm sspon)
	N	lontgomery		MARYLAI		o. STATE Virgin	nia	D. COUNTY	
		f outside corporate limit d give nearest tawn)	5,	c LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outsi		rate RURAL and give	neorest rown)
	Bethesd	la (rural)		46 days		Leesb	urg		83.
		TAL DR INSTITUTION (If no		give street oddress)		d. STREET ADDRESS	ala Chwas	4-	B IS RESIDENCE ON A FARM?
L		Waval Hospi					els Stree		YES 🔁 NO 🗌
3	NAME OF DECEASED		m arlotte	Middle II.	C	OODNOW '	4 DATE OF	Month	30 19 66
	(Type or print) SEX	6. COLOR OR RACE	-	NEVER MARRIED (		B. DATE OF BIRTH	9 AGE (In )		
1	emale	Cauc	WIDOWED	DIVORCED I		ept. 21,1919	I lost burth		Boys Hours Min
		I (Give kind of work dane		ND OF BUSINESS OR		II BIRTHPLACE (County & S			ZEN OF WHAT
	ing most of work ng	life, even if retired)		DUSTRY		Odessa, N		COL	MTRY? USA
13	Housey FATHER'S NAME	(TTE		<del></del>		14 MOTHER'S MAIDEN NAI			ODA
	Edward	T. Halpin				Mary Midd	lebrook		
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.		NFORMANT			burg, Va.
(t)	es, no, or unknown)	(If yes give wor or dates of	N Service) 06	61-18-6791		Mr. Harold J	. Goodnow	,113 Dani	els St./
	TB. CAUSE OF D	EATH (Enter only one cou							INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute peritonitis					GRITT ARD DEATH			
	5/8								
	Conditions, if ony rise to immedial	te chuse for	. /	wel resecti	on				
	stating the under	rlying couse DUE	(c)						
	-	IGNIFICANT CONDITIONS (		O DEATH RUT NOT RELATE	0.10.1	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART	1/n)	19 WAS AUTOPSY
CERTIFICATION		etes Melli		90. 110. 110.		THE VERTICAL PROPERTY OF THE VERTICAL PROPERTY		-(-)	PERFORMED? YES 3. NO 1
12	200 ACCIDENT WA	S UNDERLYING 🗀		SCRIBE HOW INJURY OCCU	RRED. (	Enter noture of injury in Por	rt I or Port 11 of item	18.)	
		CAUSE OF DEATH MEDICAL EXAMENER)							
MEDICAL	20c TIME OF INJU-	URY Month, Day, Year				E OF INJURY (Home, form,	20f. (City or t	own) (Cou	nty) (Stote)
E	p.i	m. 19	While of work	c ot work		ory, street, affice bldg., etc.)			
	21. I certi	ify that (1) (this has	pital) attend	ded the deceased fro	m_ <u>T</u>	eb. II , 19	00 to Far	· 30 , 19 C	$\overline{\mathcal{O}}$ , that (1) (we) las
			Mar. 30	) 19 <u>06</u> , and	d that	death accurred at 7	428 M, fram c		ie date st <b>ated aba</b> ve Its SIGNED
	220. SIGNATURE	23316		1	M.D	ATTENDING M	ED STAI	F TEL Mon	30, 1966
	22c. PHYSICIAN'S	7 7 7 7 7 7			/n-u	PHYS L. DI 22d. ADDRESS	IRECION CLI PRI	) <u> </u>	
	NAME (Type		inchard	, M. D.		U. S. Naval	. Hospital	, Bethesd	a, Md.
230	D. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEMETER	RY OR C	REMATORY	23d LOCATION (Ci		(County) (State)
		0 - 4	-,,	55 Laurel Hi				, New Yo	
24	4. FUNERAL DIRECTO	R. A. Pum	phrey F	uneral Home		25c RECD 8		25b REGISTRAR'S SI	
1	1557	Wisconsin	Tre P	ethecds Ma	7777	and MIN	4 1966	Milarela	1 Judak



		IX	X		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
in the same of the	-	= C		1	CERTIFICATE OF DEATH
	death,	and and death		1.	PLACE DF DEATH a. CDUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY
	24 hours after	the es 1			MARYLAND DISTRICT OF COLUMN AIM
	IS a	by the Pages urs afte		4 (	write RURAL and give nearest town)
	hou	od in 2 hou		_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENC
		tely filled in by our papers. Pag within 72 hours	,		HOLY CROSS 7611 GEORGIA AUE #204 YES NO IN
8.	executed within	completely over carbon p		3.	NAME OF DECEASED Last 4. DATE Month Day Year DECEASED OF print) TOSEPH L, CRANT OFATH 3 29 19 60
3,	ted	Comp		5.	SEX 6. COLDE DR RACE 7. MARRIED NEVER MARRIED 1 8. DATE DE BIRTH 128 19. AGE (IN years   FUNDER 1 YEAR   FUNDER 24 HR
7	поех	and compa	40		male white widowed Divorced 4-5xxxx 71 last birthday) Months Days Hours Min
X	De e	de de		10a. duri	. USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
3	te t	physician in please r			t. Mechanic Asbestos Installator Washington D. C. U. S. A. FATHER'S NAME
14	certificate	ding ph Then removal		13.	Joseph L. Grant Josephine Mace
3	Cell			15.	WAS DECEASED EVER IN ILS ARMED FORCES?   16 SDC(A) SECURITY NO   17 INCORMANT Address
1	death	e atter permit. ion, or		( ) e:	No None Standard Service) 578-03-0635 Duanette A. Grant N. W. 100
X	the d	世上は			18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).]
3	# 2	- E 2			PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA BILATERAL ACUTE LINE
3		signed burial-tra burial, cr			Conditions, If any, which
1	requires				gave rise to immediate cause (a), stating the DUE TD
7	ıw requi	has be as the prior		_	underlying cause last. (c)
3	- 10 ±			ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	E. The	for u		IFIC/	ARTERIOSCIEROSIS  YES NO PARTERIOS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
34	SICTAN:	certificate ched for use ot. of Health			2Da. ACCIDENT WAS UNDERLYING   2Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING   CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
\$	PHYS	this		ICAL	20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY DCCURRED   2De. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   Hour a.m.   White   Not wibble   factory, street, office bldg., etc.)
X	92			MEDI	p.m. 19 at work at work
	OR ATTENO!	OR: A hould h the			21. I certify that (I) (this hospital) attended the deceased from 3-26, 1966, to 5/29, 1966, that (I) (we) last
	ATT	DIRECTOR: Ige 3 should led with the			saw the deceased alive on 3 28 1966, and that death occurred at 42 M, from the causes and on the date stated above
	- 100	_ <u>_</u>		lď	Climic A. Hilman M.D. ATTENDING MED. STAFF   3-29-66
	HOSPITAL	P	1	- 1	226. PHYSICIAN'S NAME (Type) Samuel A. Hillman 8829 Flower Ave. S. S. Md.
	HOSI	O FUNER director, should b		23a.	
	TO HOSE	Sp. de		200	Build Coecity) I April 1966 Fort Lincoln Cemetery Prince George County Md.
		n	0	24.	FUNERAL DIRECTOR & LILLY (L. L. 8434 (ADDRESS: ALLENGE   25a, REC'D BY REGISTRAR'S SIGNATURE
	VR 204	A15 (4)	7	Wa	rner E. Pumphrey, Inc. Silver Spring, Md. DMAR 31 1966 Glianles Judge

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	1
(M)	DOOKA
FOR STATE	03953
EALTH DEPT.	D. COUNTY
	b CTY OR TOWN (N
2, and PM3. partme	De
and In Item 18. Give Pages 1, 2, and miners Office olong with form PM3. pages 1 and 2 with the State Departmin any event (within 72) hours offer a	d NAME OF HOSPITAL
Pages 1, with form form 72/hours	3 NAME OF
Give Pag ong with th the Sto	DECEASED (Type or print)
along F	S SEX
lond 2 with the event with the	TOO US AL OCCUPATION (
the four street of the street	100 US_AL OCCUPATION (
oges	13 FATHER'S NAME
min pen xamı	Und
executed within 24 lending" in pencil in f Medical Examiners it permit. File pages removal, and in any	(Yes, ng, or unknown)
xecu iding Aedii perrr mov	AS CAUSE OF DEA
verting the word "pending" in penal in private of the Chief Medical Examiners used as a burial-transit permit. File pages burial, cremation, or removal, and in any	PART I DEATH
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ng the had the sed to see the sed to sed to see the sed to	stoting the underly
writii word word urial	PART IL OTHER SIGI
to b	ICATION
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3. Pag 5 may be retained for your files.  • FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department Health or its designated agent, prior to burial, cremation, or removal, and in any event (withing 72) hours ofter deat	E J ZUO EXTERNAL CAU
e the cer e 4 shou our files. age 3 sho agent, p	PRIMARY Or CONT CAUSE OF DEATH  20c. T ME OF INJUR Hour o.m.
A Arm your Your Page d age	p.m.
execute or Page of for you TOK: Pag gnoted o	21. I certify deoth resulte
please execute the I director Page 4 sh retained for your fill DIRECTOR. Page 3 sh its designoted agent	
ol dir	ACTUAL SIGNATURE
necessary, please execute the funeral director Page 5 may be retained for yo 6 FUNERAL DIRECTOR: Page Health or its designated	EXAMINER'S NAME (Type)
Heo He	230 BUR A. (REMATION

ary delay 1

This certificate should be executed within 24 hours after death 1f

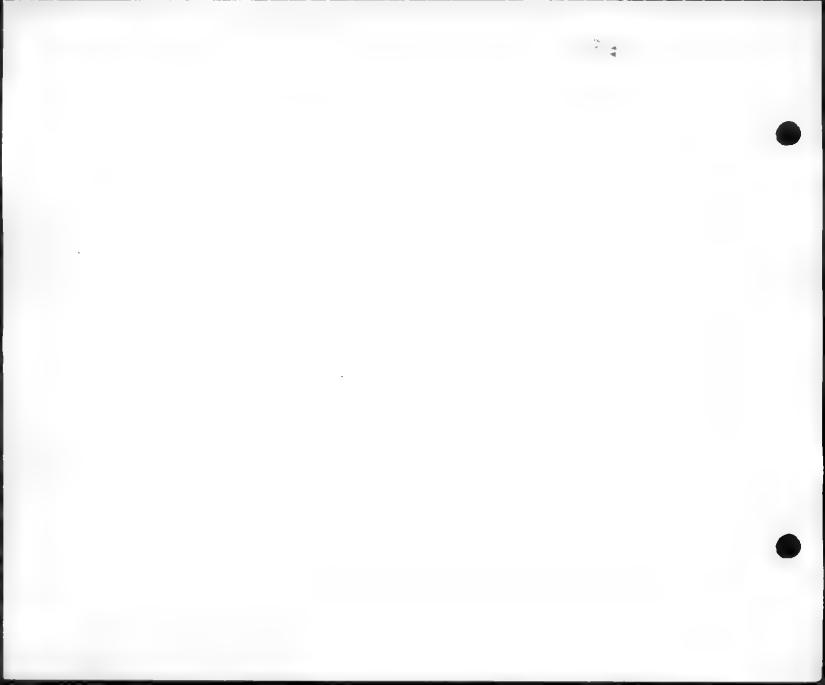
TO DEPUTY MISTAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

è	ì	1)	0	4		
ĺ	J	Ü	. 1	4	9	

	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	o. COUNTY MARYLAND	o. STATE DO LEA & B. COUNTY
	b CTY OR TOWN (* outside comparate limits,   c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate milts write RURAL and give nearest tawn)
	write RURAL and give neglest town)	PA CA
	d NAME OF HOSPITAL OR NST IUTION (finat in haspital, give street address)	d STREET ADDRESS
	d AMAR OF HOST HAL OF HAT BYTON (1 Add In Maspilal, give sheet dudiess)	LL ~ ~ ~ DD ON A FARM?
	Dubuchan	7/3 / Chery Char de YES NO S
	3 NAME OF Frst Middle	Last 4 DATE Month Doy Year
1	(Type or print) (flee (Inna 5	Marcal DEATH March 16 19 60
/	S SEX _ 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8	DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS  Lost birthdoy) Months Doys Hours Min
	WIDOWED \ D VORCED	C15. 1895 70 415
	100 USUAL OCCUPATION (G ve kind of work done Ob KIND OF BUSINESS OR	11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT
ļ	during most at morking life, even if retired) IND_STRY	COUNTRY?
	13 FATHERS NAME	14 MOTHER'S MAIDEN NAME
1	anderes Kalles	Alexa Os Thomas
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	JORMANT Address
	(Yes, ng. or unknown) (f yes g ve wor or dotes of serv ce)	+ (4/1 4: 11)
	Ges a wat	islu (telen Lingwoch)
	PART I DEATH WAS CAUSED BY	sofficency Acute - Street App Death
	IMMEDIATE CAUSE (0) COFORZEY LITE	sufficency Acute - 500 delen
	Conditions if ony, which gove ) (b) Carelio Vase	16 - Diense
	rise to immediate couse fold	Ular Visease - years
	stoting the underlying couse	
	lost (c)	
	PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
	200 EXTERNAL CAUSE WAS  PRIMARY ☐ OF CONTRIBUTING ☐  CAUSE OF DEATH	YES NO NO
	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW IN. JRY OCCURRED (I	Enter noture of injury in Port I or Port I of Item 18.)
1		
		E OF INJURY (Home, form 20f (City or town) (County) (State)
	Hour o.m.  p.m.  19 While Not While of work of work	ry, street, office bldg., etc )
1	21. I certify that I took charge of the remains described above, help	d an Autapsy , Inspection , Inquiry , and in my opinion
ı		
	deciri resorted from. Matoral causes (A, Accident ), Suick	de, Hamicide, Undetermined monner CHIEF MEDICAL EXAMINER
1	ACTUAL O D D PO PO PO PO	22. DATE SIGNED
1	SIGNATURE John S. J. J. J.	DEPUTY MEDICAL EXAMINER 3/16/6 C
	EXAMINER'S John G. Ball	Address (Street, city, town, or county)
	230 BUR A. CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CO	
1	But Yal Specify) 3/18/66 Arlington Na	
1	24 FUNERAL DIRECTOR ADDRESS	t. Cem.   Arlington, Virginia
		401 4 6
ı	Jos. Gawler's Sons, Washington, D.C?	DMAR 2 1 1966 Pcharles Judge

VR A15ME (5) 6M 1/66



exacuted within 24 hours after death.

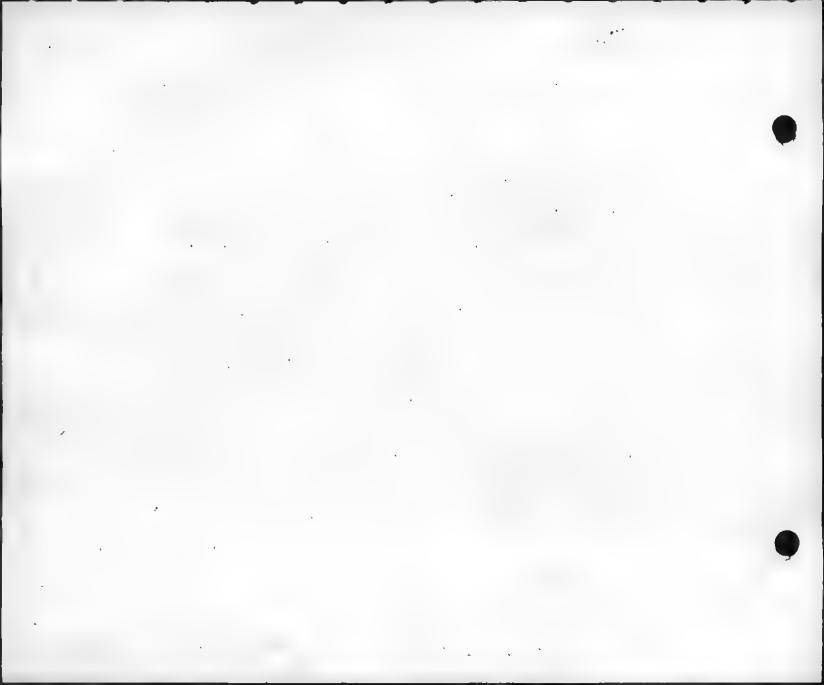
THE FINERAL OFFICIOR: After this cartificate las been signed by the attending physician and committed filled in by the funeral director, page 3 should be detached for use as the burial-transit parmit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
	Montgomery MARYLAND	No.
	b. CITY OR TOWN (If outside corpoyate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corperate limits, write RURAL and give nearest town)
	Takoma Park 39 days	Takoma Park 15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
	Washington Sanifarium & Hospital	8513 Flower Avenue YES NO
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Lenora Jemimah	Grogg DEATH 3 23 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
	Female white WIDOWED DIVORCED	7 - 5 - 5   7 / yrs.
	USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife DUNKINGE	west Virginia USA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Solomon Perry	Jemimah Perhins
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	NO Unknown R	ecords Washington San a Hospital.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Company  The Part II. DEATH WAS CAUSED BY:	Heart Feline ONSET AND DEATH
	DUE TO Q. A.	1 + 0
	Conditions, If any, which (b)	orteros eleoso
	gave rise to immediate cause (a), stating the DUE TO	1 - 04-4
	underlying cause last. (c)	meelilis
CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA:		YES NO
R	20a, ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCUON CONTRIBUTING   CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
CAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ay, act cocy a tit control of
-	21. I certify that (I) (this hospital) attended the deceased from	March 1 , 196 to march 23 , 1966, that (1) (we) last
	saw the deceased alive on Franck 22 1966, and that	t death occurred at 1 of M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	M.E. M.E.	
	22c. PHYSICIAN'S NAME (Type) Bross Robkin	22d. ADDRESS
		100
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	total and the second
-7/	Burial 26 March 1966 Haffner FUNERAL DIRECTOR & Glan Carly 8434	White Sulphur Springs W. Ua.
24		Mar 28 1966 Actionles Judge
	Warner & Dumphrou Inc. Juver spring.	The Interest of Control of the Contr

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, ~ ;			03961		CERTIF	ICATE OF DEATH		02951
uneral I and 2 er death.			o. COUNTY	mercu	MAR	o. STATE	(Where deceased lived, if institution Res	Taimery
Poges I			b CTY OR TOWN (If a worthe RURAL and g	outside carparate limits, ive nearest tawn)	LENGTH OF STAY	IN 16 CITY OR TOWN UP a	utside corporate limits, write RURA. and	
in l	•			OR INSTITUTION (If not in	haspital, give street address	d STREET ADDRESS	Conway Road	e IS RESIDENCE ON A FARM? YES NO
ely fifled bon pope within 7	/ ^		NAME OF DECEASED	first h	Middle	Lost	4 DATE Month	Day Year
remove carbon any event, with	1	-		A.	MARRIED X NEVER MARRIE	8. DATE OF BIRTH	last b rthday) Mant	DER 1 YEAR   IF JNDER 24 HRS
	Plan	100		ove kind of work done	#IDOWED D+VORCE  105 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPEACE (County	y & State, or foreign country) 12	COLINTRY 2
attending physician permit. Then please an, or remaval, and i		1	FATHER'S NAME	CIAN	HARS + CLARK	14. MOTHER'S MAIDEN	NAME	USA
ding thy Then remava				NUS ARMED FORCES?	1 16 SOCIAL SECURITY NO	Leopo 17 INFORMANT Madeline		K me as Item
India,		(76	No	yes give wor or dates al se  [H (Enter anly one cause p	132-07-000 er line far (a), (b), and (c).)	3 Wife	ABou	INTERVAL BETWEEN
by the att transit per crematian,			PART J. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Chronic glo	omerulonephriti-	with uremia	ONSET AND DEATH
signes burial- burial-			Conditions, if any, w	thich gove (b)	My och	biol neutre	<u>~</u>	4 decys
as the prior to			lost.	(t)	DIDITING TO DESTU BUT NOT DE	ATED TO THE TERMINAL DISEASE CO	AND TION CIVEN IN DART V.	19 WAS AUTOPSY
e ha use	χ.	CERTIFICATION						PERFORMED? YES 13 NO
EEGT			20a ACCIDENT WAS U OR CONTRIBUTING ( (IF EITHER, NOTIFY ME	CAUSE OF DEATH EDICAL EXAMINER)		CCURRED. (Enter noture of injury in		
of the this cert ther this cert be detached State Dept. a		MEDICAL	20c. TIME OF INJURY Have a.m. p.m.	/ Month, Day, Year 19	While Nat While at work	20e. PLACE OF INJURY (Home, for foctory, street, affice bldg., etc	.)	(County) (State)
ICTUR: After S should be with the Stat			saw the dec	that (I) (this hospite	al) attended the deceased	fram 1936, , and that deoth occurred o	19 to 31 mout, t 940PM, fram causes and c	19 <u>66,</u> that (I) (we) la in the date stoted obov
- ₩ ∞ ≤			22a SIGNATURE	obe le	lumi	M.D. ATTENDING PHYS.		b. DATE SIGNED
FUNERAL D rectar, pag hould be file	1		22c PHYSICIAN'S NAME (Type)	DOAN 1	1. WYMAN	7801 No.	rfolk Ave., Beth	esda, Md.
TO FUNERAL DIR director, page should be filed		230 B	BUR AL, (REMATION, REMOVAL (Specify)	23b DATE THEREO		etery or crematory Washington Ce	23d. LOCATION (City or Town) en . Prince Geo	(County) (State)
VR A15 (4) 20 M 1/66	H		FUNERAL DIRECTOR OBERT A.	PUMPHREY	ADDRESS	Maryland DAAP	D BY REGISTRAR 25b REGISTRAL	rs signature Les Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



VR AI5 (4) 20M I/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ľ	COOOM	OLICITI IOATI	L OI DEATH		6302			
ž.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC	E (Where deceased lived, If institution: I	Residence before admission)			
	Montgomery	MARYLAND	a. STATE Mar	yland b. county Car	rroll V			
	b. CITY OR TOWN (if outside corporate limits.	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	write RURAL and give nearest town)	9 Days	Sykesvil					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE			
	Montgomery General Hospit	tal	Rt.2	Box169	ON A FARM? YES NO 23.			
3.	NAME DF First	Middle	Last	4. DATE Month	Day Year			
	OECEASED (Type or print) Anna	Marie	Hampton	DEATH March	10 19 66			
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years   IF UNDER				
	emale White WIDOWED		7/20/09	9. AGE (In years IFUNDER Months)	Days Hours Min.			
10a	. USUAL OCCUPATION (Give kind of work done line most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country)   12. C	ITIZEN OF WHAT			
32301	Housewife Hon	nemaker	Marvla		SA			
13.	FATHER'S NAME		14. MOTHER'S MAID		10111			
	Henry Scheeler		Emma Met	zer				
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16.	SOCIAL SECURITY NO.   17.	INFORMANT	Address				
<b>{</b> 10	s, no, or unknown) (If yes give war or dates of service)	? The	James A. J.	tamplin - afri	~~~			
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c), ] /			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	ete muscara	hal infar	atina	ONSET AND DEATH			
	4201 PHE TO	ne ingocaia	nar ongar	Cres 11	y nausa			
П	Conditions, if any, which \ an Arteriorelevation Carolin - Angel disease							
	gave rise to immediate	us service	-arous - M	ase, areaco.				
	cause (a), stating the DUE TO							
z	underlying cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	14-1		/ + 1	19. WAS AUTOPSY PERFORMED?			
FICA	Kheumalic heart disease			and insufficiency	1			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I of Jert II of Item 18	.)			
Ä	20c. TIME OF INJURY Month, Day, Year   20d. II	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Coi	unty) (State)			
MEDICAL	Hour a.m. White	Lange Latting Land	ry, street, office bldg., et	tc.)				
≅	p.m. 19 at work		9 , / ,	3 1				
	21. I certify that (I) (this hospital) attended				6, that (I) (we) last			
	saw the deceased alive on Mau.	<u>9 1966, and that</u>	death occurred at		he date stated above.			
	ZZZZ. SIGIONIURE		ATTENDING	MED. STAFF - 12.	MIE SIGNED			
	22c. PHYSICIAN'S	Byrall M.D	. PHYS C	DIRECTOR PHYS.   ///	u.10,1466			
	22c. PHYSICIAN'S NAME (Type) Dr. Frederick	Moomau.	22d. ADDRESS  Mexica	l Center, Sandy	Spring Ind.			
23a		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOGATION (City, town of co	dnty) (State)			
	REMOVAL (Specify) 3-12-66	Safe Ville	v- Munous	A Colesterwille Ca.	rrolla. The			
24.	FUNERAL DIRECTOR	ADDRESS	/ 25a. REC		'S SIGNATURE			
1	Harry YI. Halsh &	Muville 1	MAR.	14 1933 Malarle	Judge.			
	and the second s	The second secon			// //			

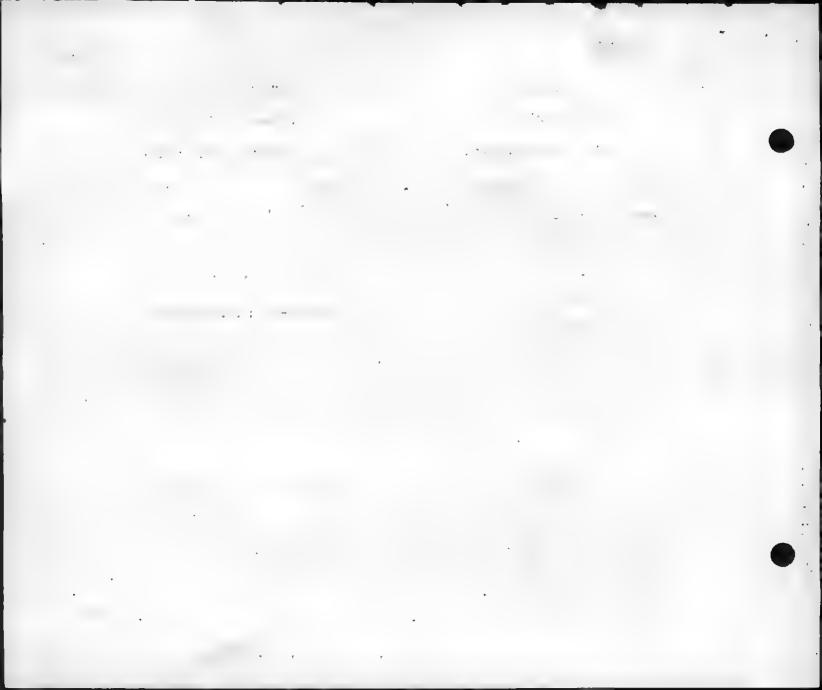


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8 9	d. 2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deatl Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending placifical and completely filled in by the funer director, page 3 should be detached for use as the burial-trans: permit. Then place remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal; and in any event, within 72 hours after deaf
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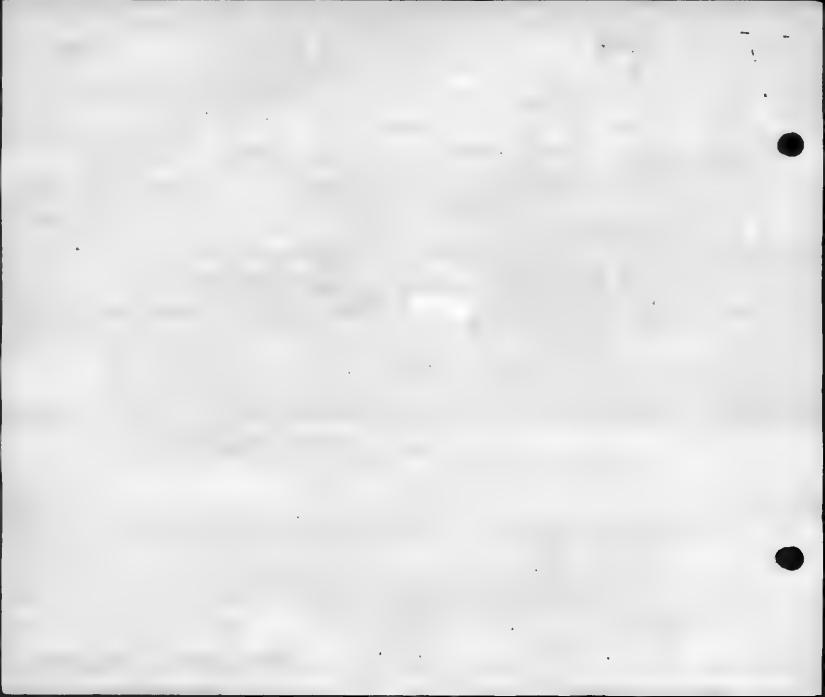
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03300			CERTIFICA	ΓE	OF DEATI	H			0.3	953	
1.	PLACE OF DEATH				1 2	2. USUAL RESIDEN	CE (Wher	re dece			sidence before	admission)
	a. COUNTY	Montgomery	7	MARYLAND	-11	a, STATE Maryl	and		p. conn		gomery	7
-	b. CITY OR TOW	N (if outside corporat	e limits,	c. LENGTH OF STAY IN 11	5   6	c. CITY OR TOWN (I		corpo	rate Ilmits, wri			
	write RURAL Sil	N (if outside corporate and give nearest tow ver Spring	n)			Silve	r Sp	rin	o		15-	,
1-				espital, give street address	s) (	d. STREET AOORESS			0		e. IS R	ES. DENCE
	Hol	y Cross Hos	pital			12226	-Sel	fri	dge Road	1	YES	NO W
3.	NAME OF	Fi	rst	Middle	''	Last	1 4. DI	ATE	Month			/ear
	(Type or print)	Aus	stin	L	Ha	arris	01 D1	F EATH	March	4,	1	9 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	1005	9.	ACE (In years	IF UNDER 1		
	Male	White	WIDOWED	DIVORCED	1	April 24,	1905		last birthday)  * 60 yrs.	Months	Days Hou	rs   Min.
102	. USUAL OCCUPAT	ION (Give kind of work) ng life, even if retired	done   10b. Ki	ND OF BUSINESS OR	1	11. BIRTHPLACE (C	County & S			12, CI	IZEN OF WH	
սալ	ing most of work	ng me, even it retire	ı) ıĒ	BURE'ry		Virgini	a			001	UNTRY? US	A
13	FATHER'S NAM				1	14. MOTHER'S MAI						
	James	A. Harris				Elizab	eth I	₹. (	Chamdler			
15	. WAS DECEASED I	VER IN U.S. ARMED FO (If yes give war or dates o	RCFS? 16.	SOCIAL SECURITYNO.   17	. IN	FORMANT			Addres	S		
("	Id 60, or auxousts	(11 yes give war or claces o	SELLICE)		5	Son-in-law	: Ja	mes	Toman			
	18. CAUSE OF	DEATH (Enter only on	e cause per li	ne for (a), (b), and (c).]		- 0				1	INTERVAL	BETWEEN
	PART I. DE	ATH WAS CAUSED BY	(2)	elmenan	P	= low					ONSET AN	D DEATH
	des	DUE	1	12 0	p.B		-	n	7.18	164	, ,	
	Conditions, If	any, which	(b) Cer	my took	Jr	of 1	all	een	Lay	rain.	104	Sy_
	gave rise to cause (a), st	Immediate (		1 ex	-/	2 N ~ .	/	-	/			
	underlying caus		(c) 0 x	Muer-	X	ente 1	SAV	ノC	Heron		104	~
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIO	NSCONTRIBU	TING TO DEATH BUT NOT RE	LATÉ	D TO THE TERMINAL	DISEASE	CONO	TION CIVEN IN	PART 1(a)		AUTOPSY DRMED?
IC.A		=	mh	hysena							YES	NO 🗹
RTI.	20a. ACCIDENT	WAS UNDERLYING TO	TH POb. D	ESCRIBE HOW INJURY OC	CURR	ED. (Enter nature o	f [n]ury	in Pari	l or Part II of	Item 18.)		
	(IF EITHER, NOT	NG TO CAUSE OF DEAT THY MEDICAL EXAMIN	i je									
ICAL		NJURY Month, Day,		fac	LACE	OF INJURY (Home, f street, office bldg., c	arm, 20	Of. (C	ity or town)	(Cour	ity)	(State)
MEDICAL	Hour a.m		While at work	MOL WALLE []	, (01),	action to the place to	3 60.7					
-	21. I certif	y that (I) (this hosp	ital) attende	d the deceased from_	J.	5 /an . I	966	to	7 kiant	1, 1966	_ that (I)	(we) last
		eased alive on	11 Fee			leath occurred at	Z/96 N	fron	the causes	and on th	e date stat	ed above.
	22a. SIGNATUR	Eg W	7 .	100		ATTENDING	MED.		CTAFF	22b. OA	TE SICNED	1 7 1
		Meckey	L. 11	flele M	I.D.	ATTENDING PHYS.	DIRECTO	R 🔲	STAFF PHYS.	H.	work	66
	22c. PHYSICIA NAME (Ty	pe)	* * * * * * * * * * * * * * * * * * * *	* .		22d. ADDRESS	60	4 00	in du	A . 51	711	
			L. Wh				(Le	- /-	70/4-	TEL	-=2-	<del></del> =
232	BREMOVAL (Spe	Alfu)	WEREOF	Mt. Vernon	RY O	R CREMATORY	23d.	Augi	ATION (City, to	WE OF COU	(inia	(State)
24	FUNERAL DIRE	13/0/00		ADDRESS		1 25a. RE					SICNATURE	
	rowers bire		Poolers		oler	6 6 9 6	א זם ע ט.	*	) ADD. RE	PISIKWK 2	F	4
	ryson whe	erer 1221	. ROCKV	ille Pike, Ro	CKI	ATTT CISDALE	К		1 1		4-17.	-

VR A15 (4) 20M 1/65



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm saion) a. COUNTY 24 hours **b.** COUNTY by the and 2 death. b. CITY OR NOWN, if offside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWNILL outside corporate limits, write RURAL and give MARYLAND an admeni c. LENGTH OF STAY IN 1b 2. Pages days filled d. NAME OPHOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM NO T **eampletely** papers. n 72 ho 3. NAME OF Middle 4. DATE Dey Month DECEASED OF within (Type or print) DEATH 19 66 tarrison 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months WIDOWED 12 DIVORCED physician гешоле 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if ratired) encent Dinger Music please I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nederick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no., or unkown) | [[fyesgivawerordatesofservice] permit. 18. CAUSE OF DEATH Enter only one cause per in signed by (a), (b), and (c).] ö PART I, DEATH WAS CAUSED BY: attending physi has been signed he burial-transit p IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which {b}\_ geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+), 19. WAS AUTOPSY 20 0 PERFORMED? use prior NO CERTIFICA R: After this ce detached for u t. of Health pr 20st. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Hour a.m. Not While P. C. S. at work at work o.m. 19 F....., 19....., that (I) (we) last DIRECT 21. I certify that (1) (this hospital) attended the deceased from...... should State E from the causes and on the date stated above. 19.75 and that death occurred a saw the deceased alive of 22e. SIGNATURE SIGNED ATTENDING death. Page 4 HOSPITAL page with H DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d.\_ADDRESS filed v NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREON NAME OF CEMETERY OR CREMATORY 23d. DOCATION A di A REMOVAL\_(Specify) New Jersey Methodist Cemetery New Providence 3/19/66 Burial 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25m. REC'D BY REGISTRAR Robert A. Pumphrey Bethesda, Maryland VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03965			CERT	IFICATE	OF DEATH			()	2955,	,	
Ī	PLACE OF DEATH o. COUNTY	Montgomery		M	ARYLAND	2 USUAL RESIDENCE ( o. STATE Marry		d lived, if institut b. COUN	on Residence L	petore odmisstor	1)	
	b CITY OR TOWN (I write RURAL and Be the sea	f autside corporate limit give negrest town) (TUTAL)	5,	c LENGTH OF STA 2 days	Y IN 1b	c CITY OR TOWN (If at Univ	ersity		At and give ne	13		
		val Hospit		give street address)		d STREET ADDRESS 4202 Tuc	kerman	Street		e IS RESIDI		
3	NAME OF DECEASED (Type or print)	Elizab	zabeth Mary Kenne		edy	Lost HARTLEY	0.5		2.	3 19		
	s sex Female	6 COLOR OR RACE Cauc.	7 MARRIED WIDOWED		""" LJ ]	B DATE OF BIRTH May 9, 1903		AGE (In years last birthdoy) 62 yrs.	Manths Do	AR IF UNDER	Min.	
	Og USUAL OCCUPATION furing most of working Housew 13. FATHER'S NAME	(Give kind of work done life, even if refired) Life		KIND OF BUSINESS OR INDUSTRY Own Hon		Pennsylv  14. MOTHER'S MAIDEN	rania	eign cauntry)	12 C TIZE COUNT	CTIZEN OF WHAT COUNTRY? U.S.A.		
	Jeremia	h Kennedy R IN J. S ARMED FOR CES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO			caJack	Univers	-			
		which gave ) e cause (b), (	(a) B 10 (b)		bronch	nial pneumon	ia			INTERVAL BETV ONSET AND DE		
Theresale	20a ACCIDENT WA	S JNDERLYING				THE TERMINAL DISEASE CO (Enter noture of injury in				PERFORME YES TO	PSY D? NO	
0.00	20c. TIME OF INJU	n. 19	Whi	ark 🔲 of work 👢	foct	CE OF INJURY (Home, for eary, street, office bldg., etc.	)	(City ar town)	(County		itate)	
	21. I certi saw the d 22a. SIGNATURE	21. I certify that (1) (this haspital) attended the deceased fram Mar. 21., 1966, to Mar. 23, 19 Opthat (1) (we) la saw the deceased alive an 1966, and that death accurred at 3000 M, fram causes and an the date stated above 220. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS DIRECTOR PHYS Mar. 23, 1966										
	NAME (Type 23a BURIAL, CREMATIC REMOVAL (Specify	JN, 23b. DATE TH	EREO	23c NAME OF C			23d LOC	ATION (City or Too Arlingto	wn) (Co		cte)	
	24. FUNERAL DIRECTO	R Francis imore Ave.		s Sommoress	Md.	250. REC	D BY REGISTRA		GISTRAR'S SIGN			

0 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remover, and to appers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any every, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Baltimore Ave., Hyattsville,





and

physician Ð

death Page 4

0

VR A15 (4) 15M 9/60



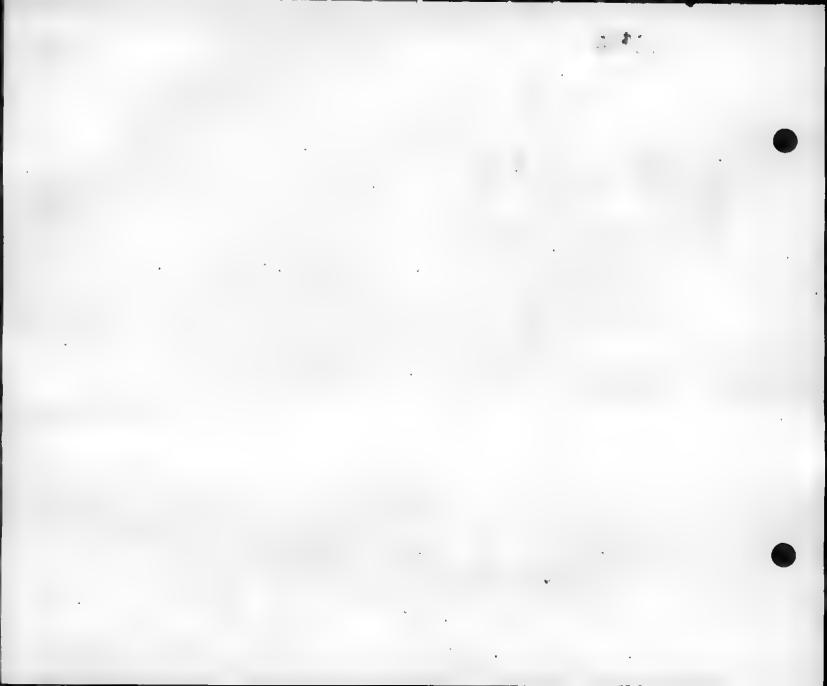
TO BOSPITAL OF ETTERDING RHYSELEN: The lam requires that the leath certificate be executed with 24 hours after death.

TO FUNERAL DIRECTOR. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DEPUTY MEVICAL 3

> VR A15 (4) 20M 1/65

	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	03368 CERTIFICAT	E OF DEATH 113958
	I. PLACE OF DEATH PONTGOMERY MARYLAND	a. STATE  WE USUAL RESIDENCE (Where there ased lived, If institution: Residence before admission)  b. COUNTY
	b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  SILVER SPRING 8 VRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SILVER SPRING /
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	8201 164 5 Lee T   6. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME DF First Middle DECEASED (Type or print) ANNA F	HELLER DEATH NAR 31 1966
1	5. SEX   6. COLOR OR RACE   7. MARRIEC   NEVER MARRIEC   DIVORCEO	8. OATE OF BIRTH  10-18-09  9. AGE (in years   IFUNOER 1 YEAR   IFUNOER 24 HRS.   Hours   Min.   Hours   Min.   Min.   Hours   Min.   Hours   Min.   Hours   Min.   Min.   Hours   Min.   Hours   Min.   Min.   Hours   Min.   Hours
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME SIGMUND FRIEDMAN	14. MOTHER'S MAIDEN NAME SAICAH LAZGESON
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) ULKNOWN 17.	HOSPITAL RECORDS.
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a) MYOCARDIA	AL INFARCTION INTERVAL BETWEEN ONSET AND GEATH ONE HOUR
	Conditions, If any, which gave rise to immediate (b)  HYPERTE.	NSION 8 YEARS
	cause (a), stating the underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELEVANT OF CONTRIBUTION OF CONTRIBUTING TO GEATH BUT NOT RELEVANT OF CONTRIBUTION OF CONTRI	PERFORMEO? YES NO
ı		URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Mar 3) 1966, and tha	t death occurred at 700 P.M., from the causes and on the date stated above.
	22c. PHYSICIAN'S M.	ATTENDING MED. STAFF 1/0 31 1/4/6
	NAME (Mps) Robert Kramer  23a BURIAL, CREMATION, 23b OATE THEREOF   23c, NAME OF CEMETER	8484 16-5T. Silver Strug 11d
	SEMOVAL (Semily) 4-3-66 NATL MEN  24. FUNERAL CURECTOR  ADORESS	
	Goldberg Funeral Home 4217-9	Chiff water 5 1966 Icharles Judge
		V

MADVIAND STATE DEDADTMENT OF BEALTH



VR A15 (4) 15M 9/59

22c. PHYSICIAN'S

NAME (Type)

## MARYLAND STATE DEPARTMENT OF HEALTH

	03969	DIVISI	ON OF	STATISTICAL RESEAR CERTIFI		ORDS — BALTI	MORE 1,	MARYLAND		1)	30	50	
1.	PLACE OF DEATH	Montgome	ry	MARYL		2 USUAL RESIDENCE (Where deceased lived, 'If institution Residence before admiss on) 9 STATE Maryland b. COUNTY Montgomery							
	b CITY OR TOWN (II RURAL ond give ne Woodacre	,	s, write	c LENGTH OF STAY IN		odacres							
	OR INSTITUTION	e Crcle	ve street	oddress}	6	Ardmore	Cir	cle				SIDENCE A FARM?	
3	NAME OF DECEASED (Type or print)	Fran		Louis F	Henley	lost	4. DATE OF DEATH			24		Year 1966	
S.	<sub>Male</sub>	6. COLOR OR RACE White	7- MARI WIDOW	RIED NEVER MARRIED  ED DIVORCED		of Birth 19 <b>,</b> 1908		9. AGE (In years last birthday) 57 yrs	Months	R 1 YEAR Days	Hours	ER 24 HRS Min	
100	Supervis	ing life, even if retired)		KIND OF BUSINESS OR Potomac El		•	_			.S.	WHAT	COUNTRY	
13	Wilson	T. Henley	,		1	other's maiden in							
		R IN U S. ARMED FOR		SOCIAL SECURITY NO. 577 05 015	0 CE	ntherine	s.	HILLO	dress (same	e as	s #]	1.)	
		TH [Enter anly one co- TH WAS CAUSED BY IMMEDIATE CAUSE (a)	$\wedge$	ne for (o), (b), and (c).]	2 Poly	nonale	>			ONS	ERVAL BE SET AND	DEATH	
	Conditions, if o		8	ndiation	Reu	mowit	2				Gu	lis	
	gave rise to it couse (o), stating tying cause lost		Ca	RCINOMA	of. L	und							
CATION	t t			CONTRIBUTING TO DEAT	TH BU NOT REI	ATED TO THE ERM	INAL D SEA	SE CONDITION G	VEN IN PA	RT 1(0) 1	PERFC	ALTOPSY ORMED?	
CERTIFI	20g. ACC.DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b DE5	CRIBE HOW INJURY OC	CURRED (Enter	nature of injury in	Part 1 or Pa	ort II of Rem 18.)					
MEDICAL	20c. TIME OF INJUR Hour a m. p m	Hour a m. While Not while foctory, street, office bldg., etc.)										(Stote	
		t (1) (this haspital	7	ded the deceased f			A 1 i	3-24					
	220 S GNATURE	CV	nde	~~		TENDING M	ED RECTOR	STAFF		rch	22	Zb DATE	

230 BURIAL CREMATION
REMOVAL (Specify) 23d LOCAT ON (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (State) 26 St. Mary's Cemetery, Washington, D.C.
BY REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Wis .Ave

Street,

Washington, D

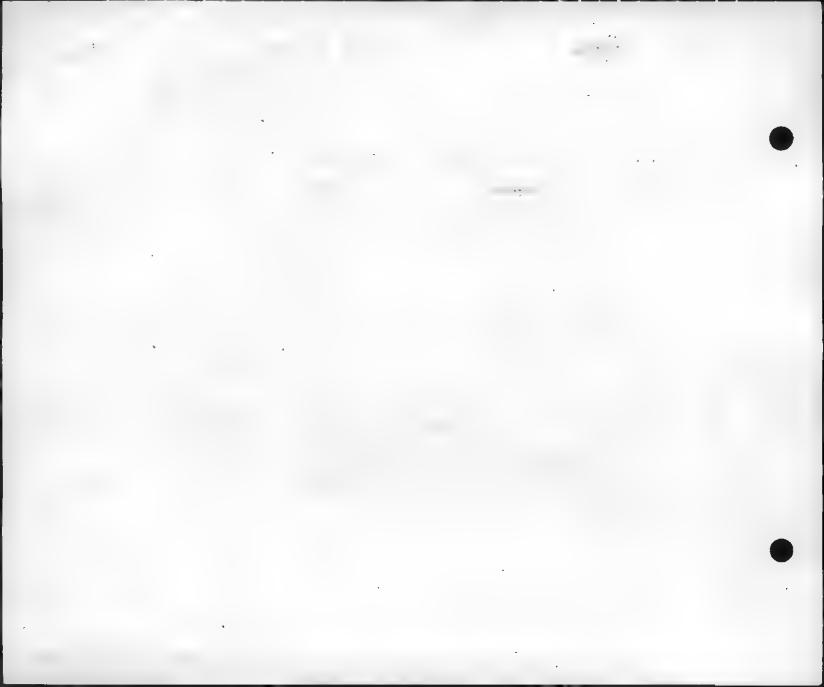
Andrew G. Prandoni, M.D.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carban papers. Pages 1 and shauld be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and the greent, within 72 hours ofter degt Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	93970	CERTIFICATE	OF DEATH		03960
ī	PLACE OF DEATH  o. COUNTY  MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE VIRGINIA	deceased eved, if institution: FAIRFAX	
	b CTY OR TOWN (If autside carporate limits write RURAL and give nearest town) BETHESDA	LENGTH OF STAY IN 16  16 Days	c (ITY OR TOWN (If outside to Fairfax,		and give neorest tawn)
	d NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitat, g ve street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?
U	.S. Naval Hospital, Be	thesda, Maryland	9212 Ponce I	Place	YES NO X
	NAME OF First DECEASED (Type or print) Sharilyn	Middle		DATE Month OF DEATH March	0oy Year 12 19 66
5	- Lotter depty 11		DATE OF BIRTH	9 AGE (n years	FUNDER 1 YEAR   FUNDER 24 HRS
	remate cade	DOWED DIVORCED	6 MAY 1949	16 yrs	Aonths Doys Haurs Min
	s USUAL OCCUPATION (G ve kind of work done ring most of working ite, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stot		12 CITIZEN OF WHAT COUNTRY?
13	Student .		14. MOTHER'S MAIDEN NAME	CANAL ZONE	USA
"	Leslie R. Heselton		Jane Tompki	ins	
	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	9212 Pene	e Placec
(A.	es, no, or unknown) (If yes give wor or dates of servi	231-68-9649 Le	slie R. Weselt	y	
-	18. CAUSE OF DEATH (Enter only one couse per		<u> </u>	Bartholin's	Gland INTERVAL BETWEEN
	BART I REATH MAR CALIFER BY	Rhabdomyosarcoma.	Metastatic pr		ONSET AND DEATH
	1760 DUF TO				6Months
	Conditions, if any, which gave ) (b)				
	rise to immediate couse (a),				
	stating the underlying cause (c)				
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIG	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO X	
FIG	20o ACCIDENT WAS JNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port I	or Port II of item 1B )	, to [1] w [1]
AL CERTIFICATION	OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, ,		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, pry, street, affice bldg., etc.)	20f. (City or fown)	(County) (Stote)
	21. I certify that (I) (this haspital) saw the deceased alive an 12. W	attended the deceased fram 2 A a r 1966, and that	death accurred at 6:3	3 P.M., fram causes an	d on the date stated above
	22o. SIGNATURE	-	ATTENDING MED	CTAFF	22b. DATE SIGNED
	Kelvin - Ke	ales M.C		TOR PHYS	13 Mar. 66
	22c. PHYSICIAN'S NAME (Type) Kelvin F. Kes	sler LCDR MC USN	USNH, BETH	ESDA, MARYAAI	ND
23	8URIA, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR		3d LOCATION (City or Town)	
	REMOVA (Specify) March 16, I	1966 Arlington Nat	toonal Cemeter		
2.	FUNERAL DIRECTOR	214 W. MARTY Street	2So RECD BY		TRAR'S SIGNATURE
	Ever IV Funeral Home	Fairfax, Virginia	DATVIAR I	7 1966 gcc	iarles Judge

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirm that the death certificate be precuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient ad completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please arrove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and itself event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
83977.	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	0396

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fired, If Institution: Residence before admission)
a. COUNTY A	a. STATE A A A D. COUNTY A D. COUNTY
MONTGOMERY MARYLAND	MINKY COMD MING OF COM
b. CITY DR TDWN (if outside corporate limits, c. LENGTH DF STAY IN 1b with RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
KENSINGTON TIRS	KENSINGTON .!
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
4/14 DENFELD AVENUE	4114 DENFELO AUS YES NOW
3. NAME OF FIRST Middle	Last 4. DATE Month Day Year
(Type or print) FOREST W.	EVENER, R. DEATH MARCH 7, 1964
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday   Months   Days   Hours   Min.
MALE WINTE WIDOWED DIVORCED	1ARCH 2, 1724 44 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
CAB DRIVER & OWNER TAXI	VIRGINIA 4.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SHEZBY HEVENER	ELLA IRONE MACKAUGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes o ive water dates of separe)	INFORMANT Address KENSINGTONELD
(E) W.W. I WINKNOWN VII	RGINIA L. HEVENER-4114 PENESSO AVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET/AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronor	4 thrombases 1/2 hour
1/ 3	
Conditions If any which I	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	Les INTO ALTERNAT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
N N N N N N N N N N N N N N N N N N N	YES NO
20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. while Not while	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1/5/66, 19 to 3/7/66, 19 that (1) (we) last
	t death occurred at M, from the causes and on the date stated above.
228. SIGNATURE	22b. DATE SIGNED
	ATTENDING TO MED. STAFF 1 3/7/6
22c. PHYSICIAN'S	D. PHYS. DIRECTOR DIRECTOR PHYS.
NAME (Type) ATRICK JAMESON	11718 beorge sloer groung. Res
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY 23d, LOCATION (City, town or county) (State)
BANGUADEDYSTY) 3/18/1966 ARLINGTON	NATE ARLINGTON, VIRGINIA
24. FUNERAL DIRECTOR ADDRESS	190 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
W.W. CHAMBERS, INC, SILVER SI	RINE part AR 3 1950 " Green Judge
	I wait

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 leath. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY : the fu ges 1 after after b. City OR TOWN (if outside corporate limits, MARYLAND Pages c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 2 write RURAL and give nearest town) oon papers. Pag within 72 hours Turs 5 Ē d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address; filled d. STREET ADDRESS etely carbon NAME OF First Middle Last DATE Month DECEASED OF event, сошріє (Type or print) DEATH executed AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. SEX remove 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED in any and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) cian ase during most of working life, even if retired) and Meat of 13. FATHER'S NAME certificate Then pl removal, 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMAN been signed by the attent the burial-transit permit. It to burial, cremation, or I (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. has (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate hetached for use use CERTIFICAT the hospital 20a. AECIDENT WAS UNDERLYING YSICE X DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) ō OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. CAL TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) det be de State I factory, street, office bldg., etc.) Hour a.m. MED. While Not While After Id be d at work 19 at work retained 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on SIGNATURB 222. be page : M.D. PHYS. DIRECTOR 4 may TO FUNERAL MOSMITTE PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 402 MAIN ST. 20810 23c., N NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (City, town or county) **REMOVAL** (Specify UNERAL DIRECTOR REC'D BY REGISTRAR 25b.

VR A15 (4) 20M 1/65

L25a.

REGISTRAR'S

e. IS RESIDENCE ON A FARM? NO TO

196

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO F

(State)

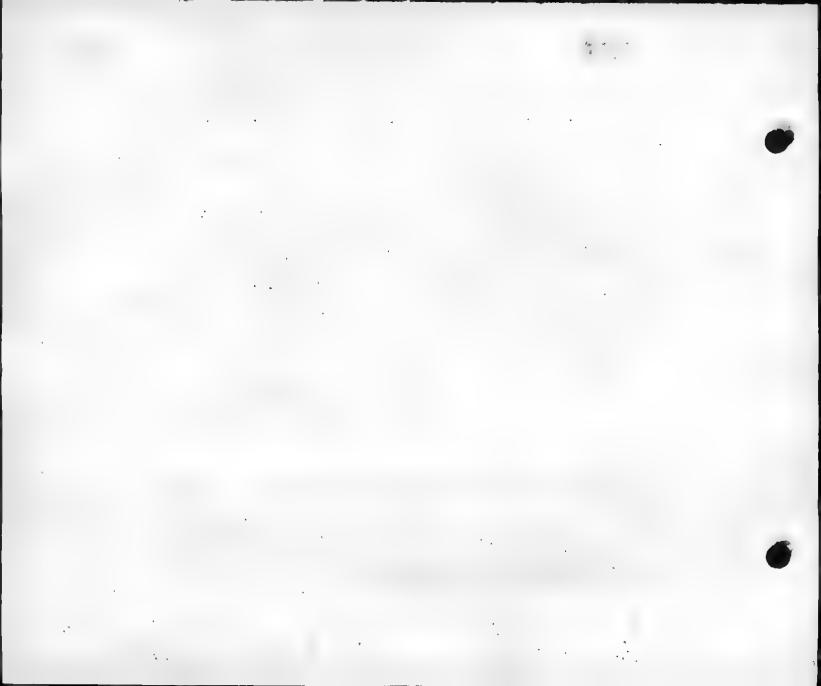
(State

19.

(County)

YES

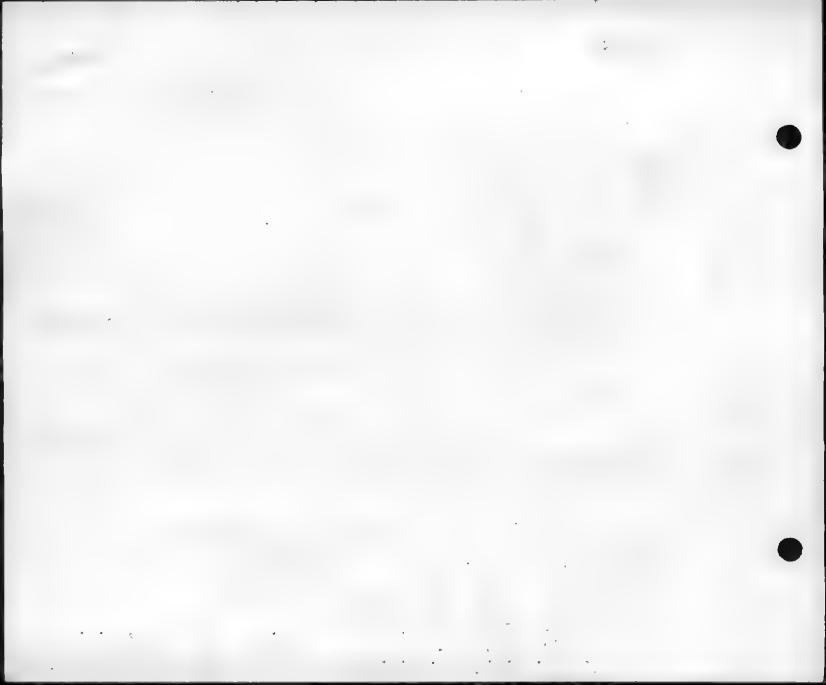
12. CITIZEN OF WHAT COUNTRY?



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH executed within 24 hours ofter death by the funeral Pages 1 and ond 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before agmission) PLACE OF DEATH b COUNTY a. COUNTY MTEOMERY MARYLAND ONTCOMERY b CITY OR TOWN (If outside carporate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and aive nearest town papers. Pagi hin 72 hours o write RURAL and give negrest town) KOCKVILLE CHEVY CHASE IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS STOO JONES MIN R YES NO F within p etely f corbon 3 NAME OF Middle 4 DATE Month Day Year DECEASED OF 1966 ARCH (Type or print) DEATH IF LINDER 24 HRS IF UNDER 1 YEAR S SEX 6 COLOR-OR RACE 8 DATE OF BIRTH AGE (In years please remove o 7 MARRIED NEVER MARRIED last, hirthday) Months Days Hours WIDOWED DIVORCED any FEMALL 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT requires that the deoth certificate be INDUSTRY COUNTRY 3 during most of working life, even if retired) HOUSEWILE GOOVAGO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physical plant ᆸ or removal, Donald Corbett LAIKHO! 'n 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, agunknown) (If yes give war ar dates of service ROBERT HENDERSON HILL (SON. signed by the otter burial-transit perm burial, cremotion, o INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ottending physicion. DUE TO ALTANOSCIAMSIS Canditians, if any, which gave (6) rise to immediate cause (a), DUE TO stating the underlying couse peen os the prior to b last. 19 WAS AUTOPS1
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 計画 letoched for use a Dept. of Health p YES NO this certificate ATTENDING PHYSICIAN: by the haspital or 20o ACCIDENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Haur o.m. factory, street, affice blda, etc.) While Nat While 19 at work at work O FUNERAL DIRECTOR: After 1966, that (1) (18) last 21. I certify that (1) (this-hospital) attended the deceased fram. 19 65 ta Poge 4 may be retained pluods director, page 3 should should be filed with the 19 66, and that death occurred at 2:450M, fram causes and an the date stated above. saw the deceased alive on. 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. M.D PHYS DIRECTOR 27d **ADDRESS** 22c PHYSICIAN S NAME (Type) DAD. SILVER SE, MD. LESVILLE 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Congressional Washington Burial Cem. DALAR 24 19 256. REGISTRAR'S SIGNATURE Sons, er's 1966 Ave. Wash. D.C.

VR A15 (4) 20 M 1/66

Wisc.



## FOR STATE HEALTH DEPT. c. y delay is in peacil in Item 18. Give Poges 1, 2, and 3 to Office along with form PM3 Page Tond 2 with the State Department of n ony event within 72 haurs after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the funeral director Page 4 should be farwarded to the Chief Medica Examples pup FIG 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit Health or its designated agent, prior to burial, cremation, or remova. necessory, please execute the certificate, writing the word pending

VR A15ME (\$1)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03374		MEDICA	L EXAMIN	ER'S	CERTIFICATE O	F DEATH	1)	3964
	PLACE OF DEATH					2 USUAL RESIDENCE (	Where deceased live	d finstitution Resider	nce before admission)
	o. COUNTY MONTEG	שמה ע		MARYL	AND	o STATE	[][D	b COUNTY	ago day
$\vdash$	b CITY OR TOWN (If or	ts de corporate limits,	(	LENGTH OF STAY IN		c CITY OR TOWN (If ou			
	write RURAL and giv	e nearest tawn)		1501370				,	11
-	E.TTIESD	IR INSTITUTION (If not a	hacutal auso s	LDAYS	- 1	d STREET ADDRESS			e IS RES DENCE
	SUBURB	•	. Hospitor give s	neer oddiess)		G SIRILI ADDRESS			ON A FARM? YES NO K
3	NAME OF	Frst		Midd e		Lost	4 DATE	Month	Doy Year
	DECEASED (Type or print)	FLOR	A	E.	4 ~	TT	OF DEATH	.ARCH 1	1, 1966
S	SEX 6	COLOR OR RACE 7	MARRIED	NEVER MARRIED	1 1	DATE OF BRTH	9 AGE	In years   f UNDER	
			WIDOWED X	DIVORCED		9/11/1882	3	birthdoy) Months yrs	Doys Hours Min
10o dur	USUAL OCCUPATION (GIVING most of working life	even if retired) 🧸	10b K ND O	F BUSINESS OR RY		II B RTHPLACE (Stote		12 (1	TIZEN OF WHAT SUNTRY?
13	FATHER'S NAME	100-100-f				VERGI		1 '7'	· D • A. •
10								T	
3.0		RT ELKINS	11/ 50514	CECUPITY NO	1 12 11		E PICIREI		
(Ye	WAS DECEASED EVER IN es, no, or unknown) (if y	es give wor or dotes of se	ince)	L SECURITY NO.		NFORMANT		Address	0.00
					] DD	WARD L. FIC	KRELL JR.	. GRAPDS	JI.
	1B. CAUSE OF DEATH PART DEATH V		Cox		hear	t failure			ONSET AND DEATH
	4221	IMMEDIATE (AUSE (o) DUE TO		-0-0-1		<del></del>			7
	Conditions, if ony, wh		Arte	erioscler	cotic	cardiovas	ular dis	e2 Se	vears
	rise to immediate co	use (a), ( DUE TO					,	000	years
	stating the underlyin	g couse (t)							
CATION	PART II. OTHER SIGNIF		RIBUTING TO DE	ATH BUT NOT RELA	ITED TO T	HE TERMINAL DISEASE CON	ND T ON GIVEN IN P	ART 1(o)	19 WAS AUTOPSY PERFORMED? YES X NO
CERTIF	200 EXTERNAL CAUSE PRIMARY ☐ or CONTRI CAUSE OF DEATH		20b DESCRIB	E HOW INJURY OCC	CURRED (	Enter noture of injury in	Port 1 or Port 1 of	tem 18)	
MEDICAL	20c TIME OF INJURY Hour o m. p.m	Month, Doy Year	20d INJURY While of work			E OF INJURY (Hame form ry, street, office bldg., etc.)		or town) (Co	unty) (Stote)
	21. I certify #	nat i toak charge o	if the remain:	s described abo	ave, hel	d an Autopsy 🗓,	nspectian 🔀	Inquiry X	and in my apinian
	death resulted			Accident .				mined manner	7 ′ ′
			4-2-4	,		CHIEF MEDICAL			and the same of th
	ACTUAL SIGNATURE	etm B.	DREK			M D ASSISTANT MED	ICAL EXAMINER	01.1.	22. DATE SIGNED
	EXAMINER'S						L EXAMINER	3/11/60	
	NAME (Type)					Address (Street	, city, town, or coun	ity)	
230	BURIAL, (REMATION, REMOVAL (Specify)	23b DATE THERE	OF 23	NAME OF CEMET	ERY OR C	REMATORY	23d LOCATION	(City or Town)	(County) (Store)
0	FUNERAL DIRECTOR	2/14/6		100 no	oca	cy In prov	Decks	251 000000	Mayer
7	Mr in	3.14.11-	Bran	estillo	m	A MAR	I 6 1956	25b. REGISTRARS	Judge

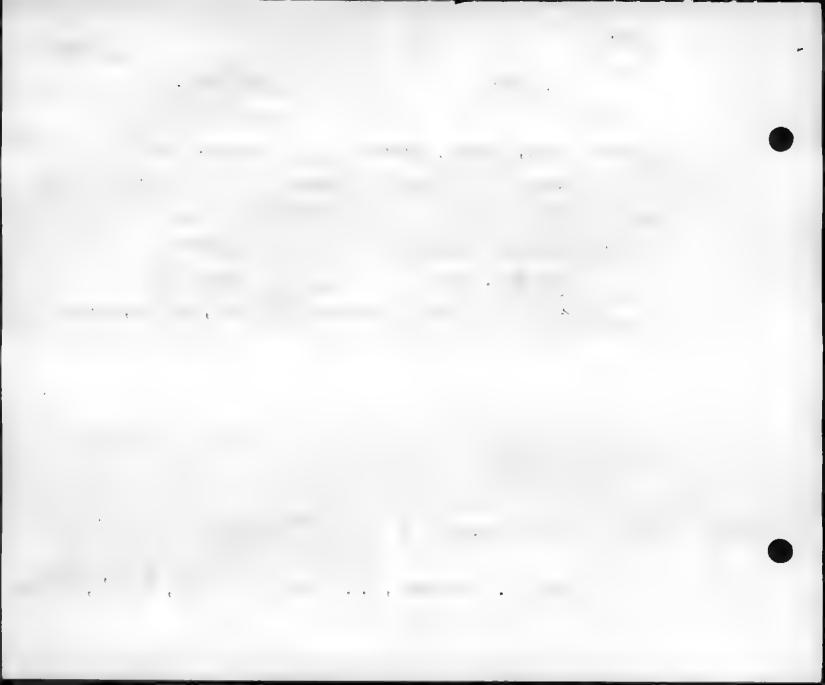


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please endowe carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please endowe carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the Cospital or attending Edysician.

		OF STATISTI	CAL RESE	ARCH AND R	ECORDS	, 301 W. PRESTOI	STREE	Γ, BALTIMO	RE 1, MA	RYLAND	)
	U3575			CERTI	FICAT	E OF DEATH			()	396	)
1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENC	E (Where dec			idence before	admission)
		Montgo	merv	MA	RYLAND	a. STATE Sou	th Car	oline	AIX	1	¥
	b. CITY DR TOWN	(if outside corpora nd give nearest tow	te limits,	c. LENGTH OF S		c. CITY DR TDWN (If			Ite RURAL a	nd give near	est town)
	Bethe	_	vn)	76 6	lays	Gree	nville				
		ITAL OR INSTITUTION	DN (If not in t			d. STREET ADDRESS	DEA MITTER		\$	e. 1S R	ESIDENCE
ma.	- 034-4	3 O-mt	Datha	de Manuel	beed	10/	. Assemble	ta Cour		YES _	FARM?
3.	NAME OF	1 Genter.	_De ([]e:	Middle	Darrio	Last	4. DATE	Mont			ear
	NAME OF DECEASED (Type or print)						DF DEATH			•	9 66
5.		Martin 6. COLOR OR RACE	7 MADDICE	Ezelle	uro [ ] I	Holder  B. DATE OF BIRTH	19.	AGE (in years	rch 29		
			1	NEVER MARE				last birthday)	Months   E	ays Hour	s Min.
100	Male	White	WIDOWED	(IND OF BUSINESS	CED	10 August 1		65 yrs.	1 10 017	TRAL OF WILL	A.Y.
duri	ng most of working	N (Give kind of work g life, even if retire	done 100, i	NDUSTRY	UK	11. BIRTHPLACE (Co			COU	IZEN OF WH	M1
I	urniture	Consultan	t Fur	rniture St	tore		h Caro	lina	U	SA	
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
		Willia	m H. He	older			Mannie	Willis			
15.	WAS DECEASED EV	ER IN U.S. ARMED FO	ORCES? 16	SOCIAL SECURITY	NO. 17.	INFORMANTThe Me	dical	Records	\$5		
	No			ot availal		e Clinical C				rvland	
		ATH [Enter only on	e cause per	line for (a), (b), and	d (c).]		<del></del>			INTERVAL E	BETWEEN
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	in Gas	tric ulcer.	perf	かまっ				ONSET ANI	
	1341				1						1
1	Conditions, if any, which   my transpara, premitting renal failure									1-2-	on the
	gave rise to in	rise to immediate								1/	
H	cause (a), statument underlying cause	mig the [		stococcal	meninc	1				4 MARIE	This .
ᇹ			(c)Y			TED TO THE TERMINAL D	ISFASECONI	TION GIVEN IN	PART 1/a)	19. WAS	AUTOPSY
Ē		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V/10 0017 11110	211101022111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ILD TO HELLENMINED	1021020011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* * * * * * * * * * * * * * * * * * * *	PERF	ORMED?
ᆲᅦ	200 ACCIDENT	AS UNDERLYING [	1 20h	OFCODIRE HOW IN	UIDV OOOU	RRED. (Enter nature of	Industria De	et fan Dort II e	£ [4n= 10 \	YES X	NO _
CERTIFICATION	OR CONTRIBUTIN	G CAUSE OF DEA FY MEDICAL EXAMI	TH ZOD.	DESCRIBE ROW IN	IJUKT UCCU	KKED. (Enter nature or	injury in ra	rt i or Fart II t	ri item 16.)		
											404.4.3
MEDICAL	20c. TIME OF IN Hour a.m.	JURY Month, Day,		NJURY OCCURRED	200. PLA	CE OF INJURY (Home, fairly, street, office bidg., et	m, 20f. (	City or town)	(Coun	ty)	(State)
	p.m.	19	While at wor	Not While							
	21. I certify	that 🗯 (this hos	pital) attend	led the deceased	from	2 January, 19	_66_, to_	29 March	19 66	_, that ₹0	(we) last
						death occurred at 7					
- 1	228 SIGNATURE	110		01	·		AM		22b. DA	TE SIGNED	
	Jam	1 D. W.	July	Sh	M.D	. PHYS.	IRECTOR [	STAFF PHYS.	3	29/66	
ı	22c. PHYSICIAN	S				22d. ADDRESS T			nter	Nation	nal
	NAME (Type	Darryl	D. Bin	dschadler	, M.D.	Institutes		alth, Be			
23a.	BURIAL, CREMA	IION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY		CATION (City, to			(State)
R	rial-Tr	insit 3/	30/66	VoodLa	wa Me	em. Park	Grad	enville	, S.C	J	
.24.	FUNERAL DIRECT	TOR 1200		he saa, il			'D BY REGIS	TRAR   25b. R	EGISTRAR'S	SIGNATURE	
77.0	bert A.	Pumphre	y Del	ine a da , I i		APR	1 10	66 gcl	iarles	Judge	
						L DATE 13	A 1V	VV 1		4	

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE HEALTH DIPT.

O DEPUTY MEDICAL EXAMINER: This certilicate should be executed within 34 hours after deal. If any delay is necessary please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, 2, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03966

03376 MEDICAL EXAMINER'S CERTIFICATE OF

a. COUNTY Montgomery	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re  a. STATE Maryland b. COUNTY Mor	sidence before admission)				
MARYLAND MARYLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		and Rise neglest fown)				
Rockville	Rockville  d. STREET ADDRESS  o. IS R					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	10401 Grosvenor Place	e. IS RESIDENCE ON A FARM?				
10401 Grosvenor Place		YES ND 2				
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year				
	LAND DEATH Mar. 11					
11 mounted for Head mounted	8. DATE OF BIRTH  9. AGE (in years IFUNDER 1  Alig 26 1892  75	Days Hours   Min.				
	yrs. U 1					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT				
U.S.Air Force Retired	Virginia	U.S.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
James T. Holland	Sarah Hodges					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Wife Address					
Yes WW I & II He	len P. Holland Same as It	cem 2.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	^^	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: COTONARY INS	officency Acute -	Sudden				
1 11101		11				
Conditions, if any, which \ (a) Carelio Vase	ular Disease -	years.				
gave rise to immediate cause (e), stating the DUE TO						
underlying couse last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
CAT		YES ND				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED CAUSE OF DEATH.  20c. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor fac	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)				
Hour e.m. While Not While	pry, street, office bldg., etc.)					
p.m. 19   et work   at work	ld an Autopsy , Inspection , Inquiry ,	and in my opinion				
	icide . Homicide . Undetermined manner					
death (estined from: Natoral Causes A, Accident 1, Sun	CHIEF MEDICAL EXAMINER					
SIGNATURE John B. Ball	M.D. ASSISTANT MEDICAL EXAMINER 3-11-6	56 <sup>22.</sup> DATE SIGNED				
EXAMINER'S JOHN G. BALL	Address (Street, city, town, or county)  Bethe	esda, Md.				
Burlal Specify) 3-15-66 Arlington N						
Burial 3-15-66 Arlington N		ginia				
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S					
ROBERT A. PUMPHREY Bethesda, Mar	cyland MAN 16 1500 pellorla	I Judge				

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

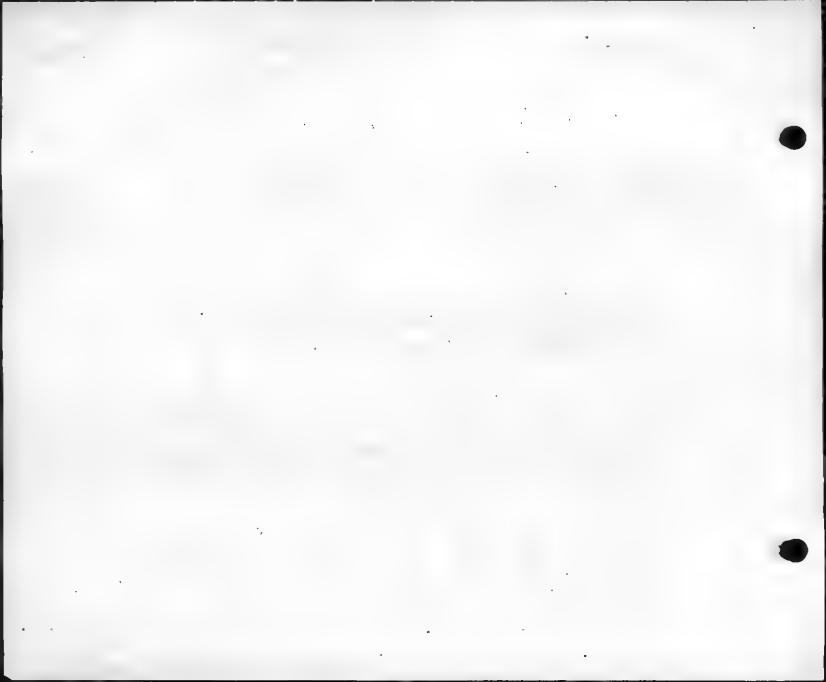
		03977			CERTIFICATE	OF DE	ATH		()	3967
		PLACE OF DEATH.  COUNTY	Pontac	mercy	+ MARYLAND	a. STATE	md.	eased lived, if institut b COU!	NTY / NO	nt.
		write RURAL and	outside carporate limits, ave nearest towel	a	Bays	COLVER TO	OWN (if ownide corp	orate limits, write RUI	RA, and give neor	
		d NAME OF HOSP TAI	or institution (if not)	n haspitol, give street	address)	43C	DRESS TOO	edale	AUE.	e. IS RESIDENCE ON A FARM? YES NO X
		NAME OF DECEASED (Type or print)	Bac	baca	Middle House	ema	LE 4 DATI OF DEA	TH 3-1	10	ay Year 19 66
	S. :	<i>F</i>	$\omega$	WIDOWED 🔼	VER MARŘIED 8	DATE OF BIR	06	9. AGE (In years fast birthday) yrs.	Manths Days	Haurs Min.
	d.	ing most of working lift Housew	Give kind of work dane a, even if retired) ILE	106 KIND OF BU INDUSTRY	SINESS OR	1	CE (County & State, or SCOCO	· fareign cauntry)	12 CITIZEN COUNTR)	
		FATHERS/NAME	RY S	ande	res	U	MAIDEN NAME	ia A	ayne	C.
	IS (Ye	WAS DECEASED EVER es, na, or unknown) (() No	IN S ARMED FORCES? If yes give war ar dates af s	ervice) 16 SOCIAL SEC	r-4	augh	tek-Jo	Addre DANNE X	Janes	13-
		PART I DEATH	TH (Enter anly ane cause WAS CAUSED BY: IMMEDIATE CAUSE (a)	( 2 2 1	-1-0	uspon	ed e		y.	DISPIT AND DEATH
		451) Canditions, if any, v	which gave ) (b)	1)15524	my Au.	evrys	m Aor	ta	3	1245
		stating the underly	ring cause Co	Atterios	elevoris				7	was Vern
2	CATIO	PART II OTHER SIGI	NIFICANT CONDITIONS CON			<i>i</i>			]	9. WAS ALTÓPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	20a ACC DENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH		W INJURY OCCURRED (		. ,	·		
	MEDICA	Haur a.m. p.m.	19	at work 🔲 at	While facta	E OF INJURY (H ry, street, affice			(County)	(State)
		saw the dec	that (I) <del>(this hospi</del> leased alive on	tal) attended the	deceased fram	death accu	rred at \$ 3 74	ta	and an the d	
		22a. SIGNATURE	9 540	entur	A M.D	ATTENDING PHYS 22d, ADD	DIRECTOR	STAFF PHYS.	22b. DATE SIG	1 /
1	200	22c. PHYSICIAN'S NAME (Type)	Kogerk	untz.	MP.D	3701	Connect	ent Ardly	1. Kas	18 D.C.
1		BURAL, (REMATION REMOVAL (Specify)	3-12-6	6 Ft	<ul> <li>Lincolt</li> </ul>	Ceme	tery Pr	LOCATION (City or To	rge Con	unty, Md.
T	24	ROBERT	A. PUMPHR	EY Bet	hesda, Ma		250 RECD BY REGI	1003 P	Carles Q	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

Page 4 may be retained by the haspital or attending physician.

VIII A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death



hn 24 hours after death.

Alled in by the funerol
agglers. Poges I and 2
into 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

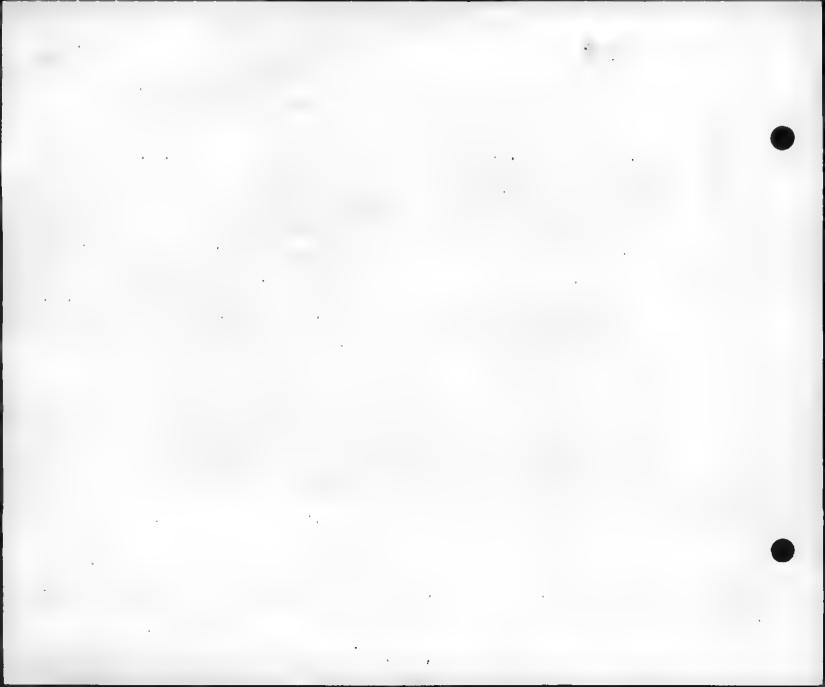
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	03971	3		CERTI	FICATE	OF DEATH			1	139	168		
	1. PLACE OF OEATH o. COUNTY 140n	tgomery		MAR	RYLAND	o. STATE Diet	Where deceased	lived, if institut	on Residen	e before	e odm ssic	(n)	
	F CITY OF TOWN (	If outside corporate mit	'S,	C LENGTH OF STAY	IN 1b	CCITY OR TOWN (If ou					t town)		
	Bethesd	d give neorest town) a (rural)		56 days Washington						11. 2			
		AL OR INSTITUT ON (IF n	ot in hospital, g	give street oddress)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?			
	U.S.N	aval Hospit	tal			5818 Winst	ton St.	, S. E.			YES 🗌		
	3 NAME OF DECEASED	F	rs†	M ddle		Lost	4 DATE OF	Mont	h	Ony			
	(Type or print)	Fel:		Marvin		HOWARD	DEATH	March				66	
	S SEX	6 COLOR OR RACE		NEVER MARRIE		DATE OF BIRTH	1	AGE (In years last birthdoy)	Months	YEAR Days	IF UNDER Hours	Men.	
	Male	1	WIDOWED		ED .	Dec. 28, 19		1.0	1	7011 22			
	during most of working	i (Give kind of work done lite, even if retired) Navy		ND OF BUS-NESS OR DUSTRY		11 BIRTHPLACE (County Campobel)			0.01	ZEN OF			
	13. FATHER'S NAME			··-		14. MOTHER'S MAIDEN N	AME						
	Green	R. Howard		Connie Ballew									
	15 WAS DECEASED EVE	R IN US ARMED FORCES? (If yes give wor or dates	of carried l	SOCIAL SECURITY NO		FORMANT		C, Washie	ngton	, D.	D. C.		
	Yes	WW II	5	78-22-711	0 M:	rs. Gertrude	e L. Ho	oward,58	18 Wi	nst	on St	./	
		e couse (o), (	(a) Bro (b)	(a), (a), and (c).)	carc	inoma				ON	ERVAL BET SET AND C	DEATH	
	8	GNIFICANT CONDITIONS	ONTRIBUTING 1	TO OEATH BUT NOT RE	ELATEO TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(o)		19 YE	WAS AUTO PERFORM ES	OPSY EO? NO X	
	CIE FITHER NOTIFY	S JNDERLYING  CAUSE OF OEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY (	OCCURRED. (	Enter noture of injury in I	Port f or Port I	l of item 18}					
	and the same of th	URY Month, Doy, Year m.	While	NJURY OCCURRED  Not While of work		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	((01	inty)	(	State)	
	21. I certi	ify that (1) (this ha	spital) atten	ded the deceased	fram_F	eb.l,1	9 <u>50</u> , ta	Mar.29	), 19 <u>©</u>	6, th	at (f) (	we) las	
	saw the d	eceased alive an_	Mar. 2	919_66,	and that	death accurred at	1008PM,	fram causes				abave	
	220. SIGNATURE	2.00	mmer	~~~	M.D		MEO. OIRECTOR	STAFF X	226. O	ATE SIGN 30	,1966	5	
	22c PHYSICIANES NAME (Type	1 - ()	merman,	M. D.		U. S. Na	val Hos	spital,	Bethe	sda	, Mđ	•	
	230 BURIAL, CREMATION REMOVAL (Specify	de la constante	11-21	23c NAME OF CEM Arling		1	^ ~	ITION (City or Tov ington,	771 4	(County) nia	,	tote)	
	24. FUNERAL DIRECTO	R Lee Funer	al Home	AODRESS Ave., N.E.	D.C. Washi	ngton/ DATAP	BY REGISTRA	966 25b. RE	GISTRAR'S S	GNATUR Ly	udgi	٤	

**TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physician and completely director, page 3 should be detached for use as the burial transit permit. Then please remove carps should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert ficate be executed within 24 hours after death.

Poge 4 may be retoined by the hospital or attending physicion.



Inc.Silver Spring. Md

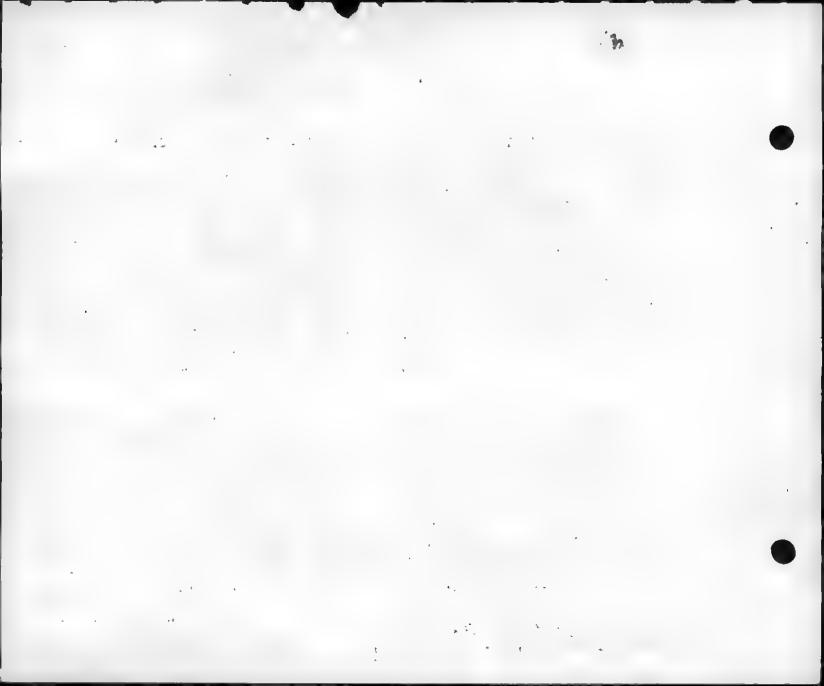
VR A15 (4) 20 M 1/65

MARYLAND STATE D. ARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

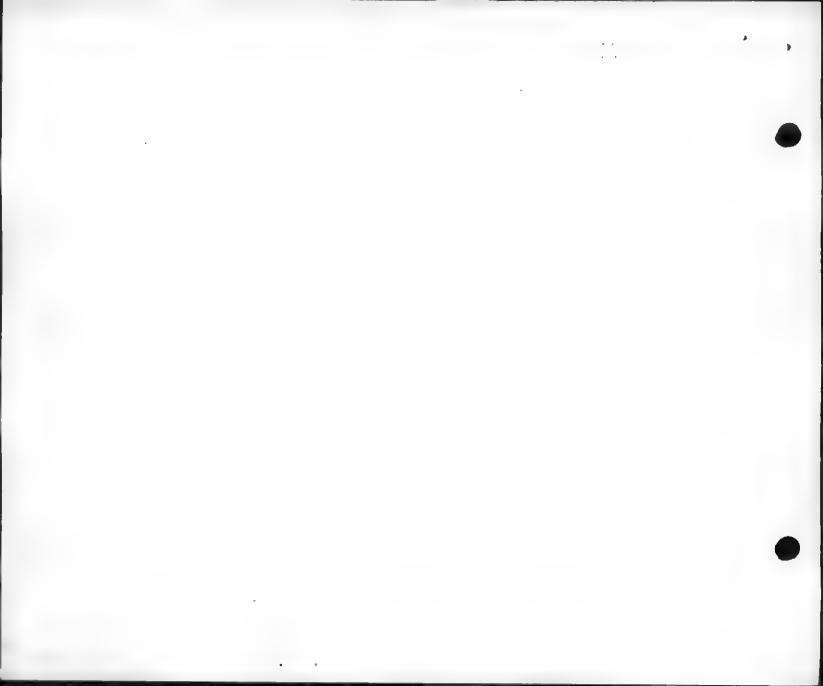
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. county Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO A Month 19 66 9 AGE (in years | IF UNDER 1 YEAR IIF UNDER 24 HRS. last birthday) | Months | Days Hours ! YES. 11. BIRTHPLACE (County & State, or fereign country) 12, CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 5 min 19. **WAS AUTOPSY** PERFORMEO? NO X 20f. (City or town) (County) (State) PM. from the causes and on the date stated above.

25a. REC'O BY REGISTRAR | 25b.

0. REGISTRAR'S SIGNATURE



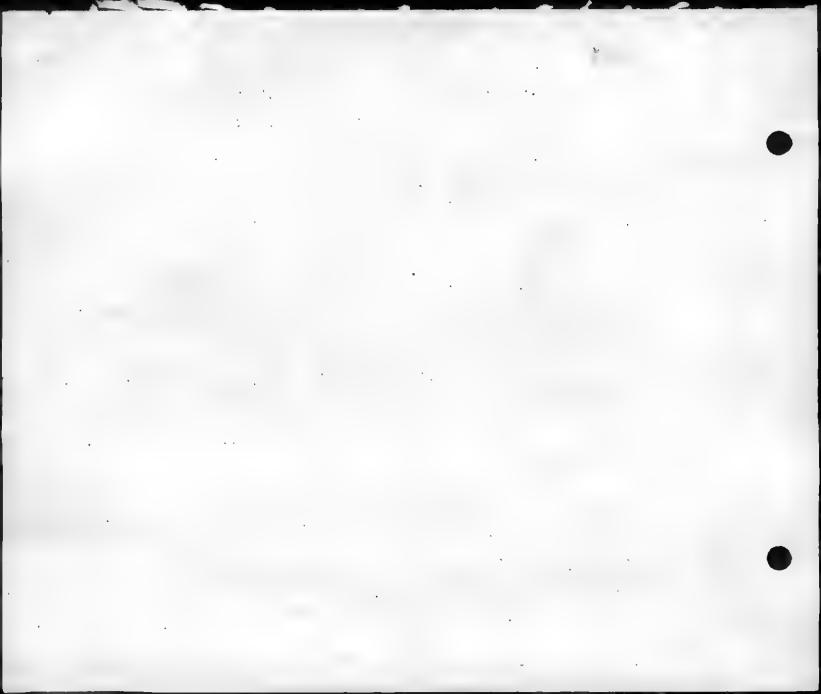
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission PLACE OF DEATH o. COUNTY Deportment of Stote Deportment or 72 hours after death, deloy is MARY, AND c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) ROCKVIIIe ROCKUI d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to give street address) S RESIDENCE ON A FARM? d STREET ADDRESS Office along with form 08 Longword LONGWOOD 3 NAME OF DECEASED OF DEATH March 1966 and? with the (Type or pant) 9 AGE (In years S SEX 6. CO. OR OR RACE 8 DATE OF BURTH IF UNDER 24 HRS NEVER MARRIED X lost birthdoy) Doy DIVORCED W DOWED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CT ZEN OF WHAT eve 10b KIND OF BUSINESS OR COUNTRY? nfant Maryland USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME I, and Caren Hubbard permit. File 17 INFORMANT 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER N.L.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service) Montgomery or removal 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Preumonia Bronchial. IMMEDIATE CAUSE (o) certificate should cremotion, Conditions, if any, which gove (b) rise to immediate couse (a) forworded to DUF TO stoting the underlying couse Health or its designated agent, prior to buriol WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form. 20c TME OF INJURY Month Doy, Year (City or fown) (County) (Stote) factory, street, office bldg, etc.) FUNERAL DIRECTOR: Poge the funeral director. Page of work L of work 21 I certify that I took charge of the remains described above, held an Autopsy X, Inquiry X Inspection . and in my opinion Notural causes Suicide 🗍 death resulted from Accident | |. Hamicide | Undetermined monner may be retoined CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MED CAL EXAMINER X NAME (Type) Old Georgetown Road, Bethesdadress Minet, cly town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION REMOVAL (Specify) 3/21/66 Rockville Rockville, 250 RECD BY REGISTRAR MANAGE 2 2 19 24 FUNERAL DIRECTOR VR A15ME (5) Tyson Wheeler 1331 Rockville Pike. Rock.



**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiology and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please I amove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and 1 any event, within 72 hours after death.

VR A15 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U3567	CERTIFICAT	IE OF DEATH		113971
ī.	PLACE OF DEATH 8. COUNTY			ere deceased lived, If institution: R	tesidence before admission)
_	MON/GO	MERY MARYLAND	a. STATE MARY	LAND B. COUNTY	
-	b. CITY DR TDWN (if cutside corporate write RURAL and give neares) town	e limits, 'c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)
1	AKOMA PAKK	ISHKS. 25 MIN	ADELPHI		
١	1	N (If not in hospital, give street address	d. STREET ADDRESS	APT 38	0. IS RESIDENCE ON A FARM?
1Y	ASH. SAN. 4 HOS	PITAL	11826 ME	1 ZEROTT KI	YES ND
3.	DECEASED	st , Middle	Last 4. D	ATE Month	Day Year
	(Type or print) ISKALL	IRKING HU	BSHMAN   0	EATH MARCH 12	1966
5.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years IF UNGER last birthday) Months	1 YEAR IF UNDER 24 HRS.  Oays Hours Min.
	TALE WHITE	WIDOWEO OIVORCED	4-21-65	60 yrs.	Oays Hours Mill.
1Da	a. USUAL OCCUPATION (Give kind of work d ring most of working life, even if retired	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		ITIZEN OF WHAT
	MANAGER	RESTAURANT	PENNA	Ü	1.5.A.
13	. FATHER'S NAME		14. MOTHER'S MAIOEN NAM	/IE	
1	Enil HU	BSHMAN	?	Lustig	
15	5. WAS DECEASED EVER IN U.S. ARMED FOR	RCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	\
1	es, no, w unknown) (if yes give war or gales or	service)	CHART (HOSP	ital Record	5)
	18. CAUSE OF DEATH FEnter only one	cause per line for (a), (b), and (c).			INTERVAL BETWEEN
	PART I. CEATH WAS CAUSED BY IMMEDIATE CAUSE (		Hennisha	52	DNSET AND OEATH
1,	the end to	A	we k am alli	0	
	Conditions, If any, which \	the Co	inches becaused	le Disser	10 yrs.
	gave rise to immediate	7			
	underlying course took	(c)			
NO.		NS CONTRIBUTING TO OFATH BUT NOT REI	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
CAT	Harristan	A English	C. C.	Just Durie	YES NO Z
			CURRED. (Enter nature of injury	In Part I or Part II of Item 18	)
CER	2Da. ACCIDENT WAS TWOERLYING TO DR CONTRIBUTING CAUSE OF DEAT. (IF EITHER, NOTIFY MEDICAL EXAMIN	H ER)			
CAL	2Dc. TIME OF INJURY Month, Day, Y	ear   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 2	Of. (City or town) (Cou	inty) (State)
MEDICAL CERTIFICATION	Hour a.m. p.m. 19	While Not While at work	tory, street, office bldg., etc.)		
-		ital) attended the deceased from	6- 1969	to 3-12.196	6, that (I) (we) last
	saw the deceased alive on		at death occurred at 10 25 N		
	22a SIGNATURE	27-0		22b. D	ATE SIGNED
	Mortin Col	Is chilar M	.D. PHYS. MED. DIRECTO	OR PHYS. 013	12-66
	NAME (Type)	Altel la	22d. ADDRESS	D D	Schelin
		a /11/3 churer	17.507-106	Co Many	Inda 2
238	BURIAL, CREMATION, 23b. DATE TO REMOVAL (Specify)	HEREOF 23c. NAME OF CEMETER	RY OR CHEMATORY 23d	. LOCATION (City, town or coi	
24	Bural 3/16/6	ADDRESS		olman Menor	
1	Z P 1/C	7/ // :/ >	25a. REC'D BY I		S SIGNATURE
17	rances Faschs Son	NO HYATTSUILLE Y	MC! DATE K 1	1966   """	· Jedge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 982 CERTIFICATE OF DEATH funeral and 2 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the f we carbon papers. Pages 1 event, within 72 hours after Culpeper Montgomery Virginia MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Culpeper Bethesda 93 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADORESS ON A FARM? NO K The Clinical Center, Bethesda, Maryland Macov executed within 3. NAME OF DATE Month First Middle Year Last DECEASED OF (Type or print) DEATH 19 66 Louise March remove 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR IF UNOER 24 HRS. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED XX 8. last birthday) Months | Days Hours any WIDOWED DIVORCED [ White **April 1955** 10 attending physician a ermit. Then please re m, or removal, and in please re 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** Student Not employed U.S.A Virginia 13. FATHER'S NAME MOTHER'S MAJOEN NAME death certifical Werter H. Hurt Jr.
15. WAS DECEASED EVER INU.S. ARMED FORCES? Susan Dickinson 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record. certificate has been signed by the attented for use as the burial-transit permit.

t. of Health prior to burial, cremation, or it. (Yes, no, or unkown) [(If yes give war or dates of service) The Clinical Center, Bethesda, Maryland No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the or attending physiciam **ONSET AND DEATH** PART I, OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute multifocal hemorrhagic pneumonia One week OUE TO Conditions, if any, which Acute lymphocytic leukemia 6 years gave rise to immediate DUE TO cause (a), stating the underlying cause last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Abscesses of liver, spleen and kidneys. WAS AUTOPSY PERFORMEO? CERTIFICATIO YES X Rectal ulcer with abscess 208. Accident was underlying [] 20b. Des OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO PHYSICIAN: T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING I et work at work 19 27 December 19 65 to 30 March, 19 66 that XIX (we) last 21. I certify that 10 (this hospital) attended the deceased from saw the deceased alive on March 30 19 66, and that death occurred at 1100, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 30 March 1966 M.D. **OIRECTOR** Nage 4 may PHYS. 22c. PHYSICIAN 22d. The Clinical Center, National NAME (Type) Robert C. Gallo. M.D. Institutes of Health, Bethesda, Maryland BURIAL CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY Run**i.a** 1 966 Stevensbura Baptist Stevensburg FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Sululpeper. VR A15 (4) Clore Funeral 15M 4-64 rein

MARYLAND STATE DEPARTMENT OF HEALTH

2 / .

MARYLAND STATE DEPARTMENT OF HEALTH								
Division of STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE,	MARYLAND 21201					

	03985		CERTIFIC	ATE	OF DEATH		- ()	3973
Ī.	PLACE OF DEATH		ن و در برون در برون استان بوتان و <u>استان بوتان و استان بوتان و استان و استان و استان و استان و استان و استان و</u>		2. USUAL RESIDENCE (When			before admission)
	o. COUNTY Montgomery		MARYLAI	ND	o. STATE Distri	ict of Cclum	oia	V
	b CITY OR TOWN (If outside corporate I		c LENGTH OF STAY IN I	ь	c CITY OR TOWN (If outside	e corporate imits, write Ru	RAL and give	neorest fown)
	write RURAL and give pearest town). Betherda (Rural)	)	1 Yr. 7 Da	s.	Washingto	on	4,1	
	d NAME OF HOSP TAL OR INSTITUT ON (	lf nat in hospital, g	ive street address)		d. STREET ADDRESS	_		e. IS RESIDENCE ON A FARM?
	U. S. Naval Hosp	oital			1300 U St	S. E. Ap	t. #1	YES NO X
3	NAME OF	First	Middle		Last 4	DATE Man		Day Year
	(Abe or build	ctoria	Brunk	H	UTCHESON	DEATH Marc		17 19 66
5	SEX 6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In years ast birthdoy)	Months	YEAR IF UNDER 24 HRS
	Female Cauc.	WIDOWED	□ DIVORCED		Sept. 18, 1891	+ 1 yrs.		
100	USUAL OCCUPATION (Give kind of work d		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & St	ate, ar fareign country)		ZEN OF WHAT
_	ring most of warking ("Te, even if retired) ITOUSEWITE	111			Manchester,			U.S.A.
13	. FATHER'S NAME				14. MOTHER'S MAIDEN NAM	-		
	Frank Gibson				Belle Brur			
IS (Y	WAS DECEASED EVER IN J.S. ARMED FORCES, no. or unknown) (If yes give war ar da	ES? 16. Stess of service)	SOCIAL SECURITY NO		NFORMANT	Addr	17011	tland, Md.
Ĺ				M	r. Fred Hutch	neson, 1734 K	ilmer i	
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	don.						INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CA	(-)	onchial pne	umo	nia			
	Conditions, if ony, which gove	DUE TO A no	aumican Rich	+ 10	osterior Cere	hanl Antons		53 weeks
	rice to immediate cause (a)	(b)	cor Arm WIEII	C I	DECELTOR CETE	DIGT BIGGET		)) weerp
	stating the underlying couse (							
	PART II OTHER SIGNIFICANT CONDITION	(c)	O DEATH BUT NOT DELATE	D TO T	HE TERMINAL DISEASE CONDIT	ION CIVEN IN PART 1/at		19 WAS AUTOPSY
Se	PART II OTHER SIGNIFICANT CONDING	13 CONTRIBUTING I	O DEATH BUT NOT KEEPIE	.0 10 1	HE TERMINAL DISCASE COMDIT	TOTAL DIVISION THE PART TO		PERFORMED? YES NO T
CERTIFICATION	20o. ACC DENT WAS UNDERLYING	20b DE	SCRIRE HOW INDIREY OCCU	IRRED I	Enter noture of injury in Part	Lor Port II of item 18 \		
CERT	OR CONTRIBUTING CAUSE OF DEATH	200, 00	KKIBE 11017 IIIJOKT GCCG	INKLU.	cines notine of injury at Foli	1 0. 1017 11 01 11011 10.7		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Yea	or 20d IN	JURY OCCURRED 20	e PLAC	E OF INJURY (Home, form,	20f. (City ar town)	(Coun	ity) (State)
MEDICAL	Haur a.m.	19 While	Not While		ory, street, office bldg., etc.)			
	21. I certify that (t) (this			am M	ar. 9	65, to Mar.	17.19	Othat (1) (we) last
	saw the deceased alive or	Mar. 1	7 19 66 , an	d that	death occurred at 80	OA M, from couses	ond on the	e dote stated abave.
	22a SIGNATURE	0			ATTENDING ME	D. STAFF	0.0	E SIGNED
	W, K	rola	mor	/ MI	PHYS. L DIR	ECTOR PHYS.	Mar	. 18, 1966
	22c. PHYSICIAN'S NAME (Type) W. I	. Branno	n, M. D.		U. S. Nava	l Hospital,	Bether	eda, Md.
23		THEREOF	23c NAME OF CEMETER	RY OR (	REMATORY	23d LOCATION (City or To	wn) (	County) (State)
	REMOVAL (Specify)	21-66	Arlingto	n N	ational	Arlington.	Virgi	nia
24	A FUNERAL DIRECTOR Windson	Demaine	ETIME ADDRESS TION	10	25a REC D BY		GISTRAR'S S	
1	520 Scuth Wa	shingtor	St., Alexa	indr	ia. VE DATMAR	21 1966 8	Charle	y Judge

TO NOTPITAL OR NITEMBINE PRYSICIAN! The taw requires that the Math certificate be emecuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayered to papers. Pages I and should be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03985			CERT	FICATI	OF DEATH	1		()	297	4
	LACE OF DEATH					a. STATE Marylar		b. COUNT	Y		V
	Montgon				ARYLAND	Marylar	nd .	Pri	nce Ge	orges	and house
D	write RURAL	N (if outside corpora and give nearest tov	te limits, /n)	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (II	outside corpor	ate ilmits, write	NUKAL BIIG	Rise near	321 (OWII)
	Betheso	la,		14 de		Forestv	rille		/:	*	
(	d. NAME OF HOS	PITAL OR INSTITUTION	ON (if not in h	ospital, give stre	et address)	d. STREET ADDRESS					FARM?
Th	e Clinic	cal Center.	Bethes	sda. Md.	20014	8107	rcy Road	3		YES 🗌	NO X
3. N	NAME OF		rst	Middle		Last	4. DATE	Month	D	dy Y	ear
	DECEASED Type or print)	Ralph	TI	necdore	74	utchison	DF DEATH	March	q	19	66
5. S		6. COLOR OR RACE				B. DATE OF BIRTH	9. A	GE (In years   IF	UNDER 1 YE		
.,,	-	779 * 1	WIDOWED		RCED	1 Ta		ast birthday) M	onths Day	s Hour	s Min.
	81e	White ION (Give kind of work		IND OF BUSINES	land	15 January	Acres 6	2 2.0.	12. CITIZE	N OF WH	AT
durk	g most of worki	ing life, even If retire	d) I	NDUSTRY Se]	f-Em	Lyd	Control of Control of	1010-911 00011-077	COUNT	RY?	
	<u>Painter</u>	(General	- Herry			Maryland			U.S	.A.	
13.	FAIHER'S NAM	F				14. MOTHĒR'S MAII	DEN NAME				
	Leonard	Hutchison	L			Minnie S					
15. \	WAS DECEASED I	EVER IN U.S. ARMED FO (1f yes give war or dates)	DRCES?	Social Secribit	YN9. 17.	INFORMANT The N	fedical I	Recordess			
	No	Chi Arabior wm or onserv	N	The designation of	ትት ተ	e Clinical	Center.	Bethesd	a. Md.	_2001	4
		DEATH [Enter only or				V 4	7 7	edem	a 1 18	TERVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED BY	Hanni	etion of	intra	cranial con	tents se	econdary	to/	72 ho	DEATH
		1.4		LAULUN CL	THOIG	oraniar con	tochtop be	300 Hadry		1 50 110	0.0.0
Н.	Cenditions, If	DUE	TO S+s+1	ic nost m	ight n	arietal cra	niotomy			36 mo	nths
	gave rise to	immediate	(-)	25 peso 1	TETTO P	arrear ora	inte oonly	<u>-</u>		70 20	
	cause (a), si				334 .	T dumon of	the bood	l		6 m	nths
	underlying caus	,				1 tumor of			ADT 1/01 11		AUTOPSY
<u> </u>	PARI II. UIHEKS	IGNIFICANT CUNDITI	UNSCONTRIB	UTING TO DEATH	SOT MOT KELP	TED TO THE TERMINAL	PISCASE COMPIL	HONGIVEN IN FA	-	PERFO	DRMED?
윤	_									YES X	NO _
CERTIFICATION	20a. ACCIDENT Or contributi	WAS UNDERLYING T NG T CAUSE OF DEA TIFY MEDICAL EXAMI	7H 20b.	DESCRIBE HOW	INJURY OCCU	RRED. (Enter nature o	f Injury in Part	1 or Part II of	Item 18.)		
	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)								
MEDICAL		INJURY Month, Day,		NJURY OCCURRE		CE OF INJURY (Home, f ry, street, office bldg., c		ty or town)	(County)		(State)
	Hour a.n		While at wor			. J. J. C.					
* -					od from Fe	ebruary 23, p	9 66 to M	arch 9	19 66	that 00	(we) las
	caw that do	ceased alive on	iarch	9 1966	and that	death occurred at	P4M from	the causes a			
	22a. SIGNATUI				_, 4114 (114	. detti occanica at		1	22b. DATE		
	J	da . Ju.	1)~	Kin		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9 Marc	h 196	6
	22c. PHYSICIA	N'S	000	7	~	22d. ADDRESS	he Clin				
1 i	NAME (T)	ype) John Va	n Bure	a. M.D.		Institute					
232	BURIAL, CREW				E CEMETERY	OR CREMATORY		TION (City, tow			State)
R	REMOVAL (Spi	3/12	/66				771-111				
	FUNERAL DIRE			ADDRESS		metery	C'D BY REGISTE	RAR   25b. REG	ISTRAR'S S	GNATURE	
	itchie		nen M						limiler		
7 21	TT OCITIE	Bros. Ul	Ther D	WILT DO LO	Mag	DATE	S GI M	366 80	is well	Jacoby	12

VR AI5 (4) 20M 1/65 1 L

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending on spiral and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ORDERT OF DEATH

00000	Jan Ionia Ol			27 0 15
PLACE OF DEATH     a. CDUNTY	2. U	SUAL RESIDENCE (Where decea	ised lived, If institution: Res	idence before admission)
	MARYLAND	STATE MARY LAND	Nonto	emeky
b. CITY DRJOWN (if outside corporate limits, write RORAL and give nearest town)	c. LENGTH OF STAY IN 16 C. CIT	Y DR TDWN (if outside corpo	rate limits, write RURAL/a	nd give nearest town)
	9 HOURS SII	VER Spring		, ,- ,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos)	pital, give street address) d. STi	REET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington Santarium + H	tospital 1915		Red	YES ND ND
3. NAME ON First A	Burdette	Last 4. DATE DF	Month	Day Year
(Type or print) Jehn	BOXXXXXXX H	EAF BIRTH 19.	MARCh / AGE (In years ) IF UNDER 1	7 3.7 (1)
7. MARKIED	MEACH WWWILED	—		lays Hours   Min.
MALE White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIN.		SIRTHPLACE (County & State, o	9 yrs.	IZEN DE WHAT
during most of working life, even if retired) IND	USIRY CALM'T			IZEN OF WHAT
13. FATHER'S NAME	comery/Schools	MDTHER'S MAIDEN NAME	U,	3,,
T 11 /	47.	5.		
	DCIAL SECURITY ND.   12. INFORM	Hannah Bro	Address C	C 44.1
(Yes, no, or unkown) (If yes give war or dates of service)	-03-8553 Hospit	M. Hyde 9131 B	radford Rd.,	3. Ma.
18. CAUSE DF DEATH [Enter only one cause per,line		AT NECONOS	/AKOMA /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ite Pulmon	and Fde	wal	ONSET AND BEATH
4 +00 DUE TO	J. C. J.	19		
Conditions, If any, which ) (b) Chro	NIC Arteriosci	erotic Hea	of Visego	10 495
gave rise to immediate cause (a), stating the DUE TD				
underlying cause last. (c) (C)	poralized A	r teriosclar	asis	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
110				YES NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  OR CONTRIBUTING SAUSE OF DEATH  OR CONTRIBUTING SAUSE OF DEATH  OR CONTRIBUTING SAUSE OF DEATH  OR CONTRIBUTING SAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Pari	t a or Part II of Item 18.)	
	Hay necumen (abs place	MINDY (Vanna farm   DMf /D	Idu as down)	tv) (State)
ZOC. TIME DF INJURY Month, Day, Year 2Dd. INJURY Hour a.m. While at work	URY DCCURRED   2De. PLACE OF the factory, street	et, office bldg., etc.)	Ity or town) (Coun	(218fe)
	at work		2 :0 11	
21. I certify that (i) (this hospital) attended		ne_ , 1940 , to_	~	, that (I) (MIR last
saw the deceased alive on	191014 and that death	occurred at A.M. from		e date stated above.
1 bxthzen his	MID M.D. ATT	ENDING MED.	STAFF D 3	19. (i.
PHYSICIAN'S	M.D. PHY		rnia.	
MAME CYDE! Shoemake	? C. M.D	Sil Dule 178	Dilier y	rine, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOC	ATION (City, town or coun	ty) (State) =
Burial March 22 1966	Fort Lincoln Cen	etery Prin		Co. Md.
24. FUNERAL DIRECTOR	34 Yeargia Avenue	25a. REC'D BY REGIST	5/97 8	45
Warner E. Pumphrey, Inc. Si	LUEK Spring Md	DATMAR 2.4	168 Kalanta	1 Judge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 83386 CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission p. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (I) outside corporate C LENGTH OF STAY IN 16 be RURAL and give nearest town d. STREET ADDRESS e. IS RESIDENCE INSTITUTION (If not in hospital, give street address) ON A FARM? YES 🗍 NO NAME OF DATE Year DECEASED OF DEATH (Type or print) 19 656 FUNDER 1 YEAR EUNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years lost birthdoy) Months Dovs Haurs DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY MOTHER'S MAIDEN NAME 13 FATHERS NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN (Yes, no, ar unknown) (If yes a ve war or dates at service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause last WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS JNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour a.m. Nat While foctory, street, affice bldg, etc.) While at work at work 21. I certify that (1) (this hospital) attended the deceased from 19 19\_\_\_\_, that (1) (we) last and that death accurred of 1000 M, from causes and on the date stated above. saw the deceased alive?on. 22a, SIGNATURE 22b DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S

director, page 3 should should be filed with the TO FUNERAL VR A15 (4) 20 M 1/66

death.

within 24 haurs after

executed

requires that the death certificate be

funeral 1 and 2 er death.

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signed by the burial-transit burial, cremati

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Health |

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this certificate

**DIRECTOR:** After

ATTENDING

8

TO HOSPITAL

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completely fi

physician c ien please

NAME (Type)

**BUR AL CREMATION** 

MOVAL (Specify). 24 JEJNERAL DIRECTOR

NAME OF CEMETERY-OR CREMATORY

REC'D BY REGISTRAR

EOGATION (City or Town)

(Stote)

25b REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)	0358
2	

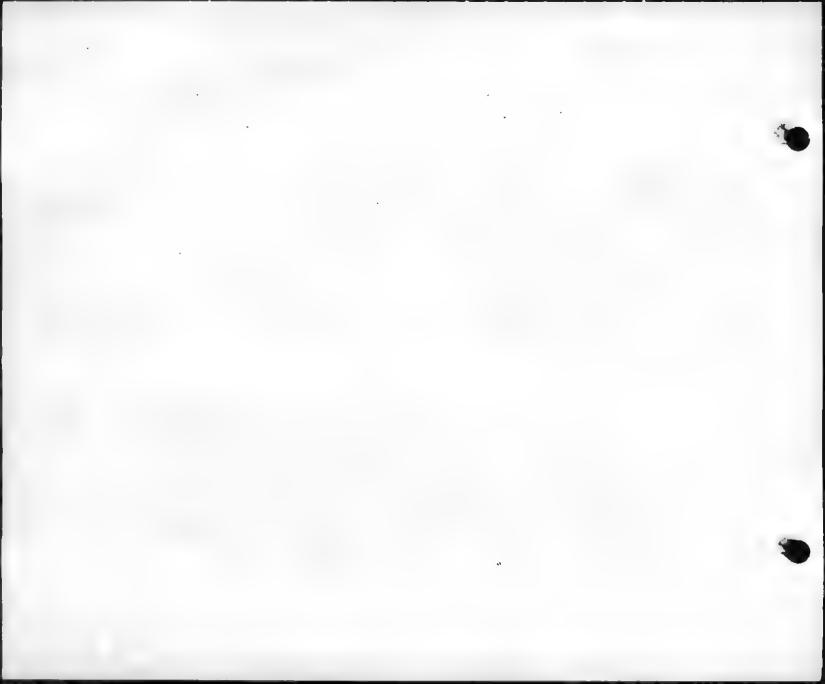
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please common cabon papers. Pages 1 and should be filed with the State Dept of Health prior to burial, cremation, or removal, and if care pent, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

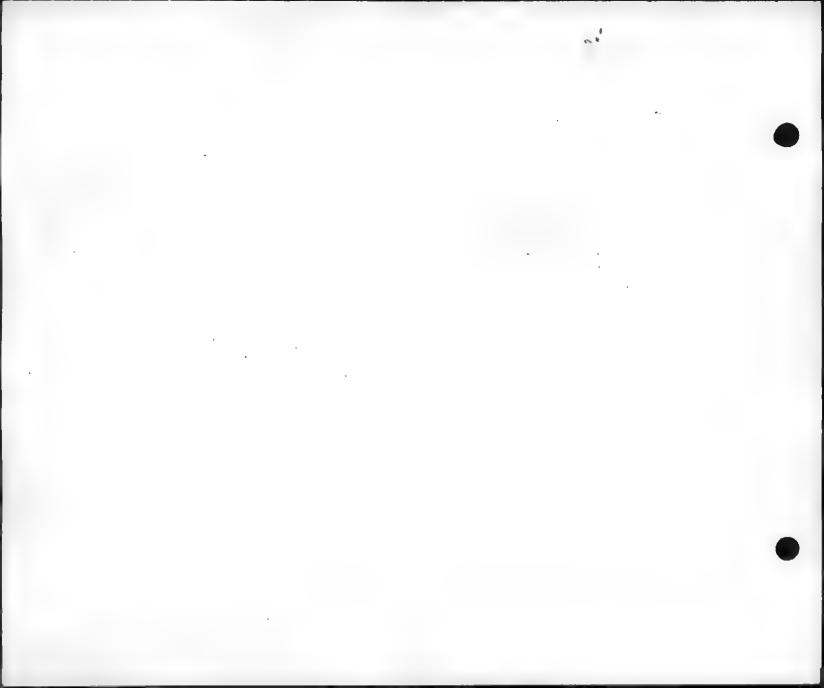
o FUI direct shou	230_BURIAL, CREMATION, REMOVAL (Specify)	23b DATE TH
VR A15 (4)	24 FUNERAL DIRECTOR	In.

	03987		CERTIFICA	ATE OF	DEATH			03977	
1	b CITY OR TOWN (if putside	tgomery	MARYLAN	a.	STATE MC	Where deceased lived, if any line of the lived, if any line of the lived in the liv	b. COUNTY M	ontgonery	
_	write RURAL one one neo	rest town)	13 Res		Las REET ADDRESS	Honous	lles	/ / IS RES DENCE	
		uburbo.	N					ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	rah	Middle E.	ack	Lost	4 DATE OF DEATH	Manth March	2 19 60	1
S.	FEX 7 6 COLOR	R OR RACE 7. MAR WIDO		8 DATE	OF BIRTH	9 AGE (In last birth	nday) Manths yrs	Ooys Hours Min	
du	a USUAL OCCUPATION (Give kind ring mast af warking life, even if		Ob KIND OF BUSINESS OR INDUSTRY		mar	& State, ar fareigr/countr		ITIZEN OF WHAT OUNTRY?	2
	S. FATHER'S NAME	~ Jac	kson		OTHER'S MAIDEN A	SAME			
	es, no, ar unknawn) (If yes give		16. SOCIAL SECURITY NO.	17. INFORM	ANT		Address		
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)  Canditions, if any, which go rise to immediate cause (a stating the underlying cause fast	AUSED BY: AEDIATE CAUSE (a)  DUE TO (b)  a), (b)	ne for (o), (b), and (c).) Rheumatic valv	ılar_h	eart dis	ease		INTERVAL BETWEEN ONSET AND DEATH PORTS	
CATION	PART II OTHER SIGNIFICANT		TING TO DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE (ON	IDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES  NO [	
MEDICAL CERTIFICATION	20a. ACC DENT WAS UNDERLY. OR CONTRIBUTING (**) CAUSE (**) (IF EITHER, NOTIFY MEDICAL E	OF DEATH XAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter n	ature of injury in I	Part I ar Part II af îtem	18.)		
MEDIC	p m.	19 g	While Not While It work at work	factory, stre	!!URY (Hame, farm et, affice bldg., etc.)			aunty) (State)	
	21. I certify that saw the deceased		ttended the deceased fra	mthat deat		9 66 ta 3/ 9 M, fram o	auses and an 1	that (1) (we) I the date stated abo DATE SIGNED	la:
	22c. PHYSICIAN'S NAME (Type)	An Kill	)	M.D. PH	TENDING YS. 2d. ADDRESS	MED STAI DIRECTOR PHY	FF COLOR	-3-66	
23	BURIAL CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23C NAME OF CEMETER	OR CREMAT	t-		15ville	(Caunty) (State)	1
2	4 FUNERAL DIRECTOR	Ine in	ADDRESS"	1.14	25 or REGO	BY REGISTRAR 1356	25b? REGISTRAR'S	SIGNATURE 20 12	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COLNIY Page o. MARYLAND monlgomer delay Department autside corporate lin c LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town) haurs after d. NAME OF HOSPITAL OR NSTITUTION (If not in hospital a ve street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? State 8. Give Pages NO With 3. NAME OF DATE Month Day Year DECEASED OF ATH Ø (Type or print) alang S SEX IF UNDER 1 YEAR AGE ( n years IF UNDER 24 HRS NEVER MARR ED DATE OF BRTH 6 rinday) Months Hours W-DOWED. D VORCED Office even land 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT State or fore an country) any pages in any Examiner s 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME File 15, WAS DECEASED EVER IN L. S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO 100 "pending" permit (Yes, no, or unknown) (If yes give wor or dates of service remayal. Chief Med CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) bur.al-transit PART I DEATH WAS CAUSED BY Embolism-Recuit PARMOMILLE P IMMED ATE CAUSE (o) This certificate shauld writing the ward 1561 crematian, DUE TO of Liver with Hetestosis the Conditions if any, which gove rise to immediate couse (a), forwarded ta DUE TO Ь stoting the underlying couse lost 0.5 ta burial, nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS! PERFORMED? CERTIFICATION NO 20o EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port 1 of item 18.) 3 shauld PRIMARY OF CONTRIBUTING shauld AL EXAMINER: CAUSE OF DEATH agent, I 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (Stote) (County) Hour om foctory, street, office bldg, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page Page ot work ot work please execute designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspect on Inquiry ond in my opinion deoth resulted from Notural couses Accident Suicide [ Homicide Undetermined monner the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Sin ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be 10 FUNERAL Health ar i necessary, DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 23o BURIAL CREMATION DATE THEREOF WAME OF CEMENTRY OR CREMATORY #Stote)

VR A15ME (5)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 338 CERTIFICATE OF DEATH funeral death. and 2 PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY by the finance 1 by ages 1 after 1 after Charle 11 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ysician and completely filled in by the pleaserremove carbon papers. Page: c. LENGTH OF STAY IN 1b write RURAL and give nearest fown) hours KUNIA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ND [] within NAME DE Middle DATE Month First Last Day Year 4. DECEASED 19 66 (Type or print) DEATH dYC executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 9, 7. MARRIED **NEVER MARRIED** last birthday) | Months | Davs Hours WIDOWED I DIVORCED [ physician a 1Db. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done i 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) INDUSTRY COUNTRY? certificate OLISEM 0/ FATHER'S NAME removal. MOTHER'S MAIDEN NAMI attending parmit. Ther Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(Ifyes give war or dates of service)] 16. SOCIAL SECURITY ND. 17. INFORMANT as been signed by the atten as the burial-transit permit. prior to burial, cremation, or i death CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 01 DUE TO Cenditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. use for use Health PERFORMED? certificate NO T YES [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of I DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State i factory, street, office bldg., etc.) Hour a.m. DIRECTOR: After to be 3 should be defiled with the State Not While retained by at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at LESEM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNED 22a. page ATTENDING DIRECTOR M.D. PHYS. Page 4 may O HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p should be 1 NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR: CREMATORY. 23d. Burial Snow It. 25a. REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR tioner R VR A15 (4) T. Wermen 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 slicular be detacted for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then yevent, within 72 hours after death. execute willin 24 hour after death. TO MESPILLE OR ATTENDING MAYNETING THE DATE requires that the duath certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03990 CERTIFICAT	E OF DEATH (13980)
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
	MARULAND B. COUNTY MARULAND MONT TO MERY
b. CITY Of TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RUMAL end give mearest town
SILVER SPRING 1) NOTE	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  9. IS RESIDENC ON A FARM?
Holy CROSS HOSPITAL	2609 ElnoRA STREET YES NOK
3. NAME OF DECEASED FIrst Middle	Lest 4. DATE Month Day Year
(Type or print)  5. SEX   6. CODOR OR RACE   7 MARRIED IN NEVER MARRIED IT	KARCA DEATH MARCH & 19 66 8. DATE OF BIRTH 1905 19. AGE (IN years I FUNDER 1 YEAR I FUNDER 24 HR
male Mile widowed Divorced	last birthday) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	1. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of warking life, even if retired)  Refixed Interior Department	Manager 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Karch	Mary Luben
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT 2609 Elnara St.
1/es 1111 217-14-0478 Mr	s. Evelyn XX B. Karch S.S. Nd.
18. CAUSE OF DEATH [Enter only one cause der line for (a), (b), and (c).]	O O INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Citle My	cardial Insufficiency
4201 DUE TO PA	1 11 000 . 1
Conditions, if any, which gave rise to immediate (b)	retry Heart Assesse,
cause (a), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Port I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA factor   20d.   20d.	pry, street, office bldg., etc.)
21. I certify that (I) (this beental) attended the deceased from	Jan Mary, 1959, to 3/3/, 1966, that (1) (10) las
	t death occurred at 10 2 M, from the causes and on the date stated above
22a. SIGNATORE	ATTENDING MED. STAFF MID 2 10/1
220 PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. 171771, 3, 1966
TSELTOEN R. REAP. M.D.	22d. ADDRESS Ten MQ.
238. BURIAL CREMATION, 236. DATE THEREOF Y 23C. NAME OF CEMETERY	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Bioinfilm Warch 7, 1966, Sorrain Park	Cemetery Baltimore Maryland
24. FUNERAL DIRECTOR March 7, 1966. Lostain Darks ADDRESS ADDRESS AUGUSTA GEORGIA AL	1 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE
Tarner E. Pumphrey, Inc. Silver Spring.	Md DATE .

A15 (4) M 1/65

5 35 . . . 115

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral lifector, mage 3 should be materined far use as the burial-transit permit. Then physic remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death executed within 24 hours after death. TO HOSPITAL OR ATTENDING MHYSICIAN: The law requires that the death certificate be.
Page 4 may be retained by the hospital or attending physimian.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UJJJA		CERTIFICATI	E UP DEATH		110	16
1.	PLACE OF DEATH			2. USUAL RESIDENCE (	Where deceased lived, If	institution: Residence	e before admission)
	a. COUNTY	MERY	MADVI SAID	a. STATE	CAND b. CI	OUNTY MO	NT.
-	b. CITY DR TOWN (if outside	corporate limits,	MARYLAND  c. LENGTH DF STAY IN 1b	c, CITY DR TOWN (If out:	-11		77 7
	write RURAL and Rive ne	arest town)	3 2	V411 1	. 0.	on . T	3 "
1	d. NAME OF HOSPITAL OR IN	ISTITUTION OF not in he	soltal, give street address)	d STREET ADDRESS	2 HZR	111122	e. IS RESIDENCE
	Il I a pacie	U.42	, , , , , , , , , , , , , , , , , , , ,	I SIC VCA	SPRINC		ON A FARM?
3.	111-1011001	1,021	Middle				YES ND
3.	DECEASED (Type or print)	ROSE	KASSAN	Last 4.	OF DEATH	S C	Year 19 C C
5.	SEX 6. COLOR (	OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (in year	ars   IF UNDER 1 YEAR (ay)   Months   Days	
	1	WIDDWED	DIVORCED	12-24-94	7/ yrs		Hours   Min.
10	a, USUAL OCCUPATION (Give kingring most of working life, ever	d of work done   10b. KI	IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign cou-	ntry)   12. CITIZEN COUNTR	DF WHAT
"	A W	THE TECHNOLOGY	1003111	RUSS	18	U.	5.
1.	FATHER'S NAME	1		14.) MOTHER'S MAIDEN	NAME		
19	leusher I	1 Azith		Veteran	-		
	5. WAS DECEASED EVER IN U.S. / es, no, or unkown) \((If yes give wa		SOCIAL SECURITY NO.   17.	INFORMANT	Add	dress '	Management delication of the second
1	est to a manager of the Acadetic at	NO					
-	18. CAUSE OF DEATH [Ente	r only one cause per li	ne for (a), (b), and (c).]	1	**	INT	ERVAL BETWEEN
	PART I. DEATH WAS CA	AUSED BY: AC	MILE MUL	12ARNIAL	- (nzai	PCTION DNS	SET AND DEATH
	4201	DUE TO	1191				
	Conditions, It any, which	) (b)		4			
	gave rise to Immediate	DUE TO					
	cause (a), stating the underlying cause last.	/# .	SOARU A	RYERIO C	LEROSI	5)	
100	PART II. OTHER SIGNIFICANT		TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASECONDITIONGIVEN	IN PART 1(a) 19.	WAS AUTDPSY
CAT			,			YI	PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDER	LYING   20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ury In Part I or Part	II of Item 18.)	
	DR CONTRIBUTING T CAUSI (IF EITHER, NOTIFY MEDICA						
MEDICAL	20c. TIME OF INJURY Mor	th, Day, Year 1 20d. In While		E DF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town	) (County)	(State)
₩E	p.m.	19 at work					
	21. I certify that (I) (f	his hospital) attende	ed the deceased from				hat (I) (we) last
	saw the deceased alive	e on 3 3	19 <u>66</u> , and that	death occurred at 11.55	4M, from the caus		
	22a. SIGNATURE	1/	100	ATTENDING AC MED	. STAFF	22b. DATE SI	GINED
	22c. PHYSIDIAN'S	ner /	164 XVIIII.	PHYS. DIRE	CTOR PHYS.		
	NAME (Tuna) 67	ANARD H	. OSTRON	8/07	CASTED	RM_A	UE.
23	a. BURIAL CREMATION, 23b	. DATE THEREOF	23c. NAME DE CEMETERY	OR CREMAIDRY	23d. LOCATION (City	, town or county)	(State)
1	REMOVAL (Specify)	18/66	Heb woodriend	whis Cesu.	Balton.	20 1:16	
2	FUNERAL DIRECTOR	-	ADDRESS	25a. REC'D E	Y REGISTRAR   25b.		NATURE
1	Mandastas	+ Smo-35	, 01 1401 St A1	IL DAMAR 9	1966 /	المريد المديد	11
	0 1		-1				

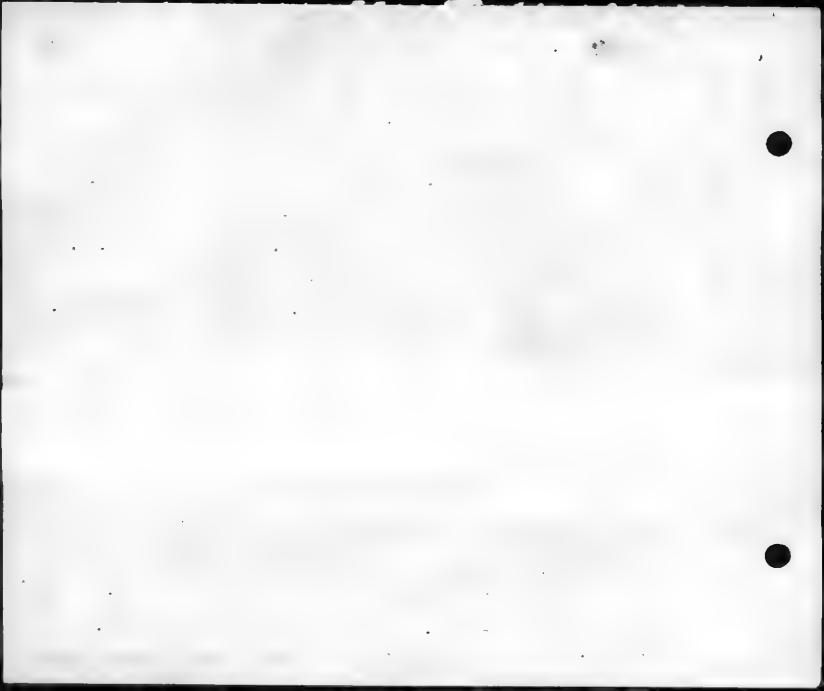


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans, i permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Lept. of Health prior to Lurial, cremation, or removal, and in amy event, within 72 hours after deaths. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Montgomery	a. STATE b. COUNTY
MARTLAND	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (It outside corporate muits, write kokwr and Rive hearest town)
Bethesda 4 days	Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Congressional Manor	9222 Shelton Street YES NO €
3. NAME OF First Middle DECEASED DATE TARE	Last 4. DATE Month Day Year
(Type or print) PAULINE M. KATRO	SH DEATH March 14, 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female   White   WIDOWED   DIVORCED	July 7, 1897 68 birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Home	Penna. U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Kurrila	Anna (Unknown)
	and the analysis
(Yes, no. or unknown) (Of yes give war or dates of service)	lph A.Katrosh Same as Item 2.
l- NO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TORY ARKED! 10 MINULES
DUE TO 1/110	0
Conditions if any which )	TO INEUMONIA S DAYS
gave rise to immediate	/
cause (a), stating the underlying cause last.	ASCULAR ACCIDENT SWEEKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY
RECEIT CURDURAL REALTON	A I DEC (55)  PERFORMED? YES \( \bar{\text{NO}} \) NO \( \bar{\text{Sd}} \)
200 ACCIDENT WAS INDESTRING IT JOHN DESCRIPE HOW INVIDED OCCU	RRED, (Enter nature of Injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  RECENT SUBDURAL HEMATOM  20a. ACCIDENT WAS UNDERLYING TO DEATH  OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	MALD, fanter flatting of highly property of the control of them 20%
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
Mulie   Mor Mulie	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	. 23. 1965, to March 14, 1966, that (1) (we) last
	death occurred at from the causes and on the date stated above.
22a. SIGNATURE	ATTENDISCO - MED STAFF / 22b. DATE SIGNED
APPL (Auro), M.D	ATTENDING MED.  MED.  STAFF  PHYS.  DIRECTOR PHYS.  13-MAKCH 66
22c. PHYSICIAN'S	22d. ADDRESS Bethesda,
(NAME (Type) JOSEPH D. CONNOR	9420 Old Georgetown Rd. Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial - transit 3-15-66 St. Stephen	s Cemetery Lehman, Penna,
Burial-transit 3-15-00 St. Stephen 24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	-77
	yrand MAR 17 1966 / Charles Judge

VR A15 (4) 15M 4-64



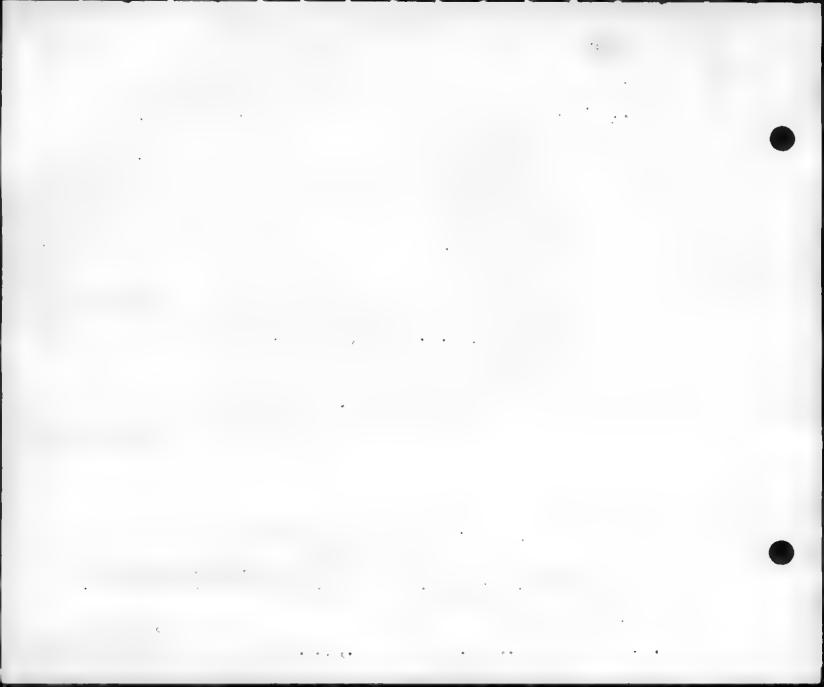
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eempletely filled in by the funeral director, page 3 shmuld be detached for use as the Illurial-transit permit. Then please remove Carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. exemute within 24 hours after denth.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7 CERTIFICATE OF DEATH inh	983
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resider a. STATE - b. COUNTY	nce before admission)
MARYLAND MARYLAND	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)	A // > =
g. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	1 e. IS RESIDENCE
HOLY CARS HASOLAND 849 DOLE THORDE ST	ON A FARM?
	ay Year
(Type or print) DAVID NATHANIEL KING DEATH MARCH	5 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YE)   1   1   1   1   1   1   1   1   1	
WIDOWED DIVORCED 3-9-07 38 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIBTHPLACE (County & State, or foreign country) 12. CITIZE COUNT	EN OF WHAT
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	J. H.
David N. Winn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	71.0
(Yes, no, or unknown) (If yes give war or dates of service)  MAE KING 849061E	TALE
	ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Intracerebral hemorrhage right cerebral	MOET KIID DEKITI
4222 DUE TO	
Cenditions, If any, which   hemisphere	
cause (a), stating the DUE TO	
	9. WAS AUTOPSY
T C C C A T C	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  30c. TIME OF INJURY MEDICAL EXAMINER)  40c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)  40c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)	
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Hour a.m. While Not While at work at work	
The state of the s	that (I) (we) last
saw the decéased alive on 3/13/16 in 19 and that death occurred at 72/1M, from the causes and on the d	
Med. STAFF DIRECTOR D	166.
22c, PHYSICIAN'S L22d, ADDRESS Coorgetorm Doctors 1	Park
NAME (Type) Henry C. Scruggs, M.D. 5413 Cedar Lane, Bethesda, Md.	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Removal 3/19/1966 Ship to	(State)
Removal 3/19/1966   Ship to Norfolk Virginia 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR'S ST	GNATURE
W. Ernest Jarvis Co., Inc. 1432 You St., N.W. DATMAR 2 1 1966 Acharles	ander.

VR A15 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that tile leat certificate lee Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		3594	CERTIFICATE	OF DEATH		03984
		LACE OF DEATH COUNTY MONTENERS	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived, if institution b. COUNTY	
	1	CITY OR TOWN 44 autside Carparate in the write RURAL and give georgest tawn)	CLENGTH OF STAY IN 16	CLITY OR TOWN (IF outsto	e corporate I mits, write RURAL	and give nearest tawn)
1		NAME OF HOSPITALOR INSTITUTION (If not in h	aspita give street address)	d STREET ADDRESS 48060	Eades St	e is residence on a farm? yes \square no \square
		PAME OF PIRST PROPRIET	mystle &	ing	DATE Month OF March	Day Year 24 19 66
	-	Temale W W	DOWED DIVORCED	DATE OF BIRTH 126 /18 9	3 73 pirthdoy) N	FUNDER 1 YEAR IF UNDER 24 HRS Annths Doys Haurs Min,
	dup	JSJAL OCCUPATION (Give kind of work done go most of working life, eyen if retired)  L. H.C.O.U. L. G. Clerk  FATHER'S NAME -	U. S. Gout.	11 BIRTHPLACE (County & ST Cleubland 14. MOTHER SMAIDEN NAM	L. Duginia	12 CT ZEN OF WHAT COUNTRY?
		WAS DECEASED EVER IN U.S. ARMED FORCE S?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Counts	<i>y</i>
	(Ye	s, no ar unknown) (If yes give war or dates of serv	226-16-1413 200	anna Price	4806 Eade St Rockville, Ma	ryland
		IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Oillanara?	y edemi		ONSET AND DEATH
		Canditians, if any, which gave itse to immediate cause (a), DUE TO	Carcistia	, nutatti	to strings	2 6ness,
		lost (c)	Carcinonia	, Colon	TON CUSTO IN DADY MAN	3-73-5,
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				PERFORMED? YES NO
		20g ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED (		<u> </u>	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19	While Nat While of wark of wark of wark	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f (City or lawn)	(County) (State)
		21 I certify that (I) (this haspital saw the deceased alive an 32)	attended the deceased fram_ <u>uv, 25,19 ú6,</u> and that	death accurred at 2	$\frac{GC}{C}$ , to $\frac{11752.25}{C}$	d on the date stated abov
		220. SIGNATURE Philip N	l, carrier, mo		D. STAFF PHYS.	-3 /2 4/66
			rner		gia aux, W	heater, The.
-		BUR AL, CREMATION 23b DATE THEREOF 26 March		Cemetery	Prince George	Co., Maryland
,		FUNERAL DIRECTOR & Thomas	, 8434 georgia Au			STRAR'S SIGNATURE

ENDING PHYSICIAM: The law requires that the Teath certricate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicanded, completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please female carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defit



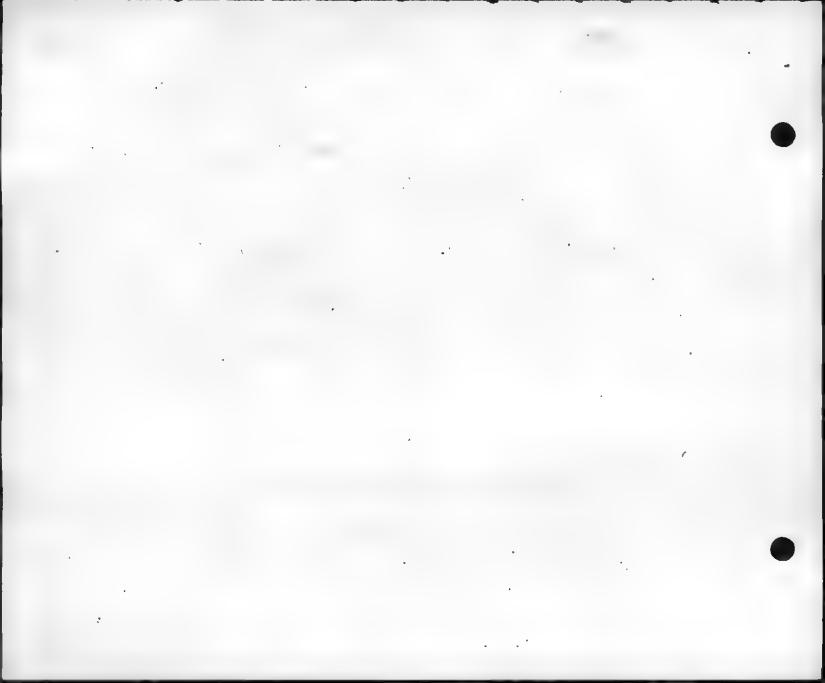
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()3986

_	030-	(/030(/				
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. CDUNTY				
	Montgomery Maryland MARYLAND	Maryland M ntgomery				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	SILVER SPRING	SILVER SPRING				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres HOLY CROSS HOSPITAL	d. STREET ADDRESS  6. IS RESIDENCE DN A FARM?				
		2445 Littonsville Rd S S Md YES NO W				
3.	NAME OF First HOWARD MIddle	Last 4. DATE Month Cay Year				
_	- Fligene A Krack	OW DEATH 3 14 1966				
	Male 6. CDLDR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.				
	WIODWEO OIVORCEO	Δ/7/1Δ 5½ yrs.				
10a dur	B. USUAL DCCUPATION (Give kind of work done IDB. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?				
13	taxicalogist U.S.Govt	Brooklyn N. Y. U.S.A.				
23.		Anra Seligman				
15	KRACKOW  WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.					
(Ŷe	es, no. or unknown) ((If yes tive war or dates of service)	. INFORMANT Address 445 LITTONS VILLE RIS. AUDREY RUTH KRACKOW				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (a)	den frukleten Moutes				
	Conditions, (f any, which )	. 0 D . Com . 11				
	gave rise to immediate	answer nochemin				
	cause (a), stating the DUE TD underlying cause last.	with desire 4- Mian				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RE	TATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
CERTIFICATION		YES NO				
III.	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DO	CURRED, (Enter nature of Injury in Part I or Part II of Item 18.)				
CE	OR CONTRIBUTING   CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
CAL	- fac	LACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)				
MEDICAL	Hour a.m. While Not While p.m. 19 lat work at work	tory, street, office bldg., etc.)				
	21. I certify that (I) (this hospital) attended the deceased from_	3-/0, 1966, to 3-/7, 1966, that (1) (we) last				
	saw the deceased alive on 3-/0 19 6 C, and the	at death occurred at 0 15 M from the causes and on the date stated above.				
	22a. SIGNATURE 22b. DATE SIGNED					
	Hibert J. ane back, M.D. ATTENDING X MED. STAFF DIRECTOR PHYS. 1 3-14-66					
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
THEVSEN L JANENBAUM 9400 CONN FIVE. IN WAIHTH						
23a	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) BURIAL (Specify) 3/17/66 CHITIK AMUNO (ARIINGTON) BALTIMORE, MARYLAND					
24	BURTAL 3/17/66 CHIZUK AMUN	O (ARLINGTON)   BALTIMORE, MARYLAND				
Ś	SOL LEVINSON & BROS. IRC. 6010 REISTERSTOWN RD WAR 21 1966 golianles Judge					

VR A15 (4) 20M 1/65

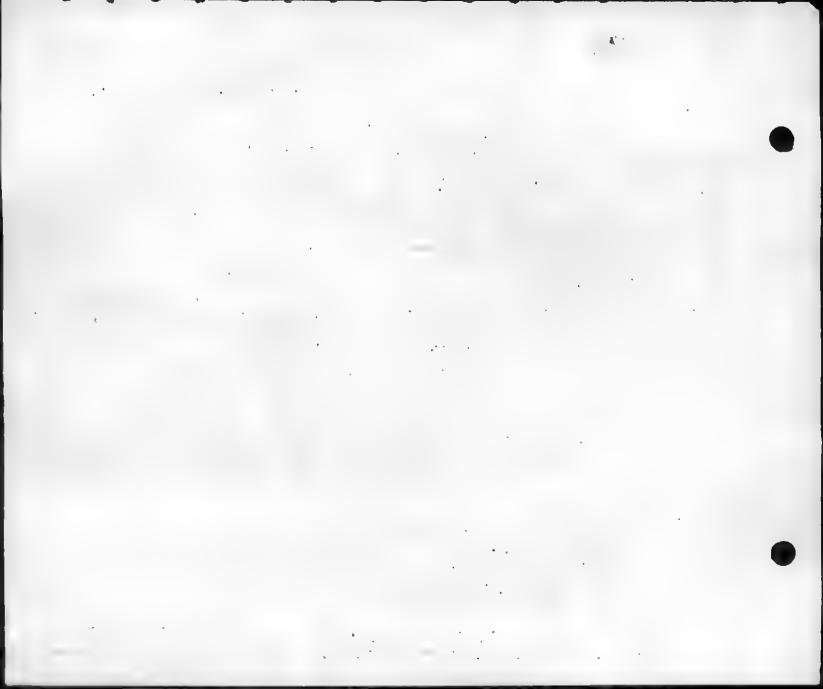


TO FUNERAL DIRECTOR: After this certificate has been signed by the attanding mystoral and committely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HUSPITE OR ATTENDING MHYSICON: The law requirm that the death certained A may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

Ц		DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLAND
١		23997 CERTIFICA	TE OF DEATH	03087
	1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	m: Residence before admission)
1		Mont gomery MARYLAND	a. STATE b. COUNTY	Tou Lagrana
1		b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1 write RURAL and give marest town)		RAL and give nearest town)
4		Silver Snuine 10 4 rs.	Silver Spring	
7		d. NAME OF HOSPITAL OR INSCITUTION (If Jot In hospital, give street addres	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Vi I		Holy Cross Nospital	748 Thayer Aven	UC YES NO
Y		NAME DF DECEASED First Middle	Last 4. DATE Month	Day Year
1		(Type or print) //a ry o f	Trajewski DEATH March	23 1966
Y	Э,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Monti	DER 1 YEAR IF UNDER 24 HRS. hs   Days   Hours   Min.
Y		WIDOWED DIVORCED	/10905730,/882 23 yrs.	
Ÿ	durl	. USUAL OCCUPATION (Cive kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
Ŋ	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	45 /
Í	10.		Julia Smith	
Ø	15	Joseph Grackel. Was declased ever in U.S. Armed Forces?   16. Social security No.   17.		
Ŋ	(Yes	s, no, or unkown) (If yes give war or dates of service)	Z48 Shauer	Avenue
ď	No		Stanley Krajewski Silver Spri	
K		18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	1 . 0	INTERVAL BETWEEN ONSET AND DEATH
۲		IMMEDIATE CAUSE (a)	u usuffrana	Kreyn Garette
ď		TAC DUE TO N -0	10 7 10 10	Enoun one
V		gave rise to immediate (b) A fallimone your	hosolatolic Alast Useace	1952
		cause (a), stating the DUE TO	2 0	Chalensun
7	15	underlying cause last. (c) Teletraged all	nonevuoris	I(a) 119. WAS AUTOPSY
ζĮ	E S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
1	FIG	200, ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OF		YES NO
d	CERTIFICA	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item	: 18.)
1			LACE OF INJURY (Home, farm,   20f. (City or town)	(County) (State)
J	FOICAL	Hour a.m. While Not While fac	ctory, street, office bldg., etc.)	(Otality)
Á	₹.	p.m. 19   at work   at work	2+ 11/ 10/2 1/4 A 13 11	o foli sheet (I) (sue) leek
J		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on house 22 1966, and the	, to the desired to	
J		22a. SICNATURE		. DATE SIGNED
		aging H. Trayin	A.D. PHYS. DIRECTOR PHYS.	Jarch 23 1966
٦		22c. PHYSICIAN'S NAME (Type) AGAIN H Transition	22d. ADDRESS	
	_	TIGHTHE PLANT	18237 George Con Silver J.	seno lacy land
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or	county) (State)
		Burial March 25 1966 Anlington		inia
	24.		WONNE BARRET CHIE	RAR'S SIGNATURE
	U	larner E. Pumphrey, Inc. Silver Spring,	Md. DMAR 28 1966 yellar	ces judge

MARYLAND STATE DEPARTMENT OF HEALTH



\$1.00 m

RYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18	

M

120CH

\		03398	CERTIFICA	ATE OF DEATH	Reg.	Dist. No. 110908
Contraction	3. F	PLACE OF DEATH  O. COUNTY  m en to	, postonii	2. USUAL RESIDENCE (Who	ere deceased lived if institution Resi	dence before/odmission)
	t	b CITY OR TOWN (If outside corporate limits, RJRAL mind give nearest town).	3 4m	c CITY OR TOWN (IF OL	etside corporate limits, write RURAL di	and give nearest town)
		d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	re street address) /	2008 4	orest Hell &	o IS RESIDENCE ON A FARM? YES NO M
	(	NAME OF DECEASED (Type or print)	my & Kream	Last	4. DATE Month OF DEATH	Day Year 2 4 1966
	5 \$	on w	WIDOWED DIVORCED	8. DATE OF BIRTH	902 63 yrs. Manth	, ,
		USJAN OCCUPATION (Give kind of work do during most of working life, eyen if retired)	B M	14. MOTHER'S MAIDEN N.	C	CITIZEN OF WHAT COUNTRY?
		Charles WAS DECEASEDEVER IN U. S. ARMED FORCE	Freamer	NFORMANT	Shoema	ku se
	(Yes	[If yes, give war or dates of services of DEATH [Enter only one course.]	vrca)	ne of	neame 2008 9	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE [o],   DUE TO	Lympho	vaceou	a	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)				
	CATION	PART II OTHER SIGNIFICANT CONDI	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	nal disease condition given in (	PART 1(0) 19. WAS AJTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. describe how injury occurrei	D. (Enter noture of injury in P	ort   or Port    of item 18	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19	20d INJURY OCCURRED While Not while at work of work	ACE OF INJURY (Hame, farm, form, street, office bldg., etc.)	20f (City or town)	(County) (Stote)
		21. I certify that I attended the a	deceased from 1956 , 1966, and that death	occurred at / 0_9	M, fram the couses and an	last saw the deceased the date stated above.
		ACTUAL SIGNATURE	7. Burus	M.D. 183	DORESS (Street, city or town state)	DATE SIGNED
		PHYSICIAN'S A-41	ES 7. B	URNS	M.D	26
^	22 a	KBURYAL (Specify)  REMOVAL (Specify)  22b. DATE THEREOF  3/28/6	72c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, ar count	ty) (State)
1	23/	FUNERAL DIRECTOR'S SIGNATURE FUN SETLATION & SON FUN	neral Home 5732 Geo	Aped W. DAR	By registrar 246 registrar's 29 1966	SIGNATURE Con Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	28833	CERTIFICATE	OF DEATH		03989
<u> </u>	PLACE OF DEATH  o COUNTY  b CITY OF TOWN (II by Issue corporate Almiss  or Death and one of the period of the peri	MERY MARYLAND	c. CITY On TOWN (If ourside corpo	b. COUNTY	nont.
	d MAME OF HOSPITALOR INSTITUT ON (IF no	pan	d street address 4510 Woo	glon Glieba Rd	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	cae A. Ke	EAMER 4. DATE	H 3-8	3 Poy Year 66
S	6 COLOR OR RACE	7 MARR ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11-30-1894	9 AGE (In years IF UNDER I Manths Yrs	Days Hours Min
du	a JUAL OCCUPATION (Give kind of work done ting from the work done ting from th	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or Washington 14. MOTHER'S MAIDEN NAME		IZEN OF WHAT
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	la Shoe.	maker
(Y	'es, na, ar unknawn) (If yes give war ar dates a	service) 577-10-0985 By	rotherin Law P	best E Fenn	8.4
	IB. CAUSE OF DEATH (Enter only one cou- PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE	HIRALI	GTORY CO	LABE	ONSET AND DEATH
	Canditians, if any, which gave prise to immediate cause (a),	10 CON465	TWE HEAR	FAILURE	2+WGK
	stating the underlying couse DUE	(1) ARTERO	65CLEROTI		1044/2
NOI	PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g ACC DENT WAS UNDERLYING GOOR CONTRIBUTING GOOR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of infury in Part I or P	art II of item 18)	
MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		OF INJURY (Home, form, tory, street, office bldg., etc.)	(City or town) (Cau	inty) (State)
	2). I <b>certify</b> that (I) (this has saw the deceased alive an	oital) attended the deceased fram_	1 death occurred at 715 A		
	220. SIGNATURE James Ja	favarese & M.	1 111	STAFF PHYS	TE SIGNED 3/8/66
	22c. PHYSICIANS NAME (Type) CHARLO	ES J. SAVARESE, JA	2.4.D. Rock	VILLE MARY	17 TO 20852
23	BURIAL, CREMAT ON, 23b DATE THE REMOVAL (Specify)	REOF 230 NAME OF CEMETERY OR HIGHE ARKING TOW	CREMATORY 23d.	APLINGTOW	(County) (State)
2	4 FUNERAL DIRECTOR	Vol JUNERA DDRESS	2Sq REC'D BY REGIS		GNATURE CULLAR

TO NOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and co director, page 3 shauld be detached for use as the burial-transit permit. Then please remore should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only VR A15 (4) 20 M 1/66

completely filled in by the funeral over cabon papers. Pages 1 and 2 (ever within 72 hours after death,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

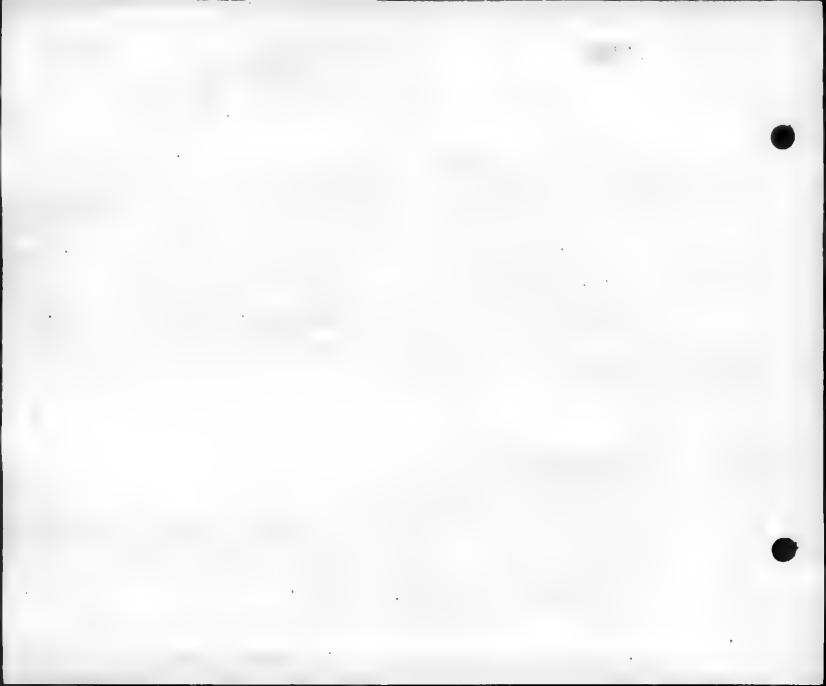
	04009	0		CERTIF	FICATE	OF DEATH			nê	1990	i
	PLACE OF DEATH o. COUNTY	Montgomery		MAR	YLAND	2 USUAL RESIDENCE (1 0. STATE Distr		lived, if institut		e before odmiks	ion)
	write BURAL and	lf outside corporate limit give near (Runa 1	s, )	50 day		c CITY OR TOWN (If at Washi	itside corporate ington	limits, write RUI	RAL and give	nearest tawn)	
		A. OR INSTITUTION (If a Naval H sp		give street address)		d STREET ADDRESS 8 Keel Gre	en, S.	W.		e IS RESI ON A I YES	DENCE ARM? NO 3
	NAME OF DECEASED (Type or print)	F Wilbu	rst rn	Middle Russell	I	Lost ANGLEY	4 DATE OF DEATH	Mont Marci		Doy Y	66
1	sex Male	6 COLOR OR RACE Cauc.	7. MARRIED WIDOWED		~ L	n. 17, 1931		IGE (In years last birthday) 35 yrs	IF UNDER 1 Manths	YEAR IF UNDE Days Haurs	R 24 HRS Min
10d dur	USUAL OCCL PATION	(Give kind of work done life, even if retired) Navy		CIND OF BUSINESS OR NOUSTRY		II BIRTHPLACE (County  Nashvill	le, Tenn		12 CT COU	ZEN OF WHAT NIRY S.A.	
13	FATHERS NAME	A. Langley				14 MOTHER'S MAIDEN Donothy		no Maro			
15 (Yi	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	, 16	social security no 11 42 0680		NFORMANT Irs. Joyce N		Addre	ss Wash	ington, een S.I.	
	PART I. DEA'  45 6  Conditions, if any use to immediat stating the underlast.	, which gave e couse (o), rlying cause	(o) PO TO (b) TO	lyarteriti						INTERVAL BE ONSET AND	DEATH
CERTIF, CAT ON						HE TERMINAL DISEASE COI				PERFORM YES YES	NO Z
L CERTIF,		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)				(Enter nature of injury in					
MEDICAL	Haur a r	n. 19	While at wa	rk 🗀 at work	fact	CE OF INJURY (Home, forn ory, street, affice bldg., etc.	)	City ar town)	(Coti	17	(State)
	sow the d	fy that (X) (this hose eceosed alive on_	pital) atter Mar. 2	ded the deceased	from_E and tha	t death accurred at	19.66 , to 857P M,	Mar 2 fram causes	and an th	e date state	(we) last d above
	220. SIGNATURE	209	m	emor	J.M.		MED. DIRECTOR	STAFF PHYS.	2	TE SIGNED - 25, 196	6
	22c PHYSICIAN S NAME (Type	V L _ []	mmerma	n, M. D.		U. S. N	Waval Ho	ospital	, Beth	esda, M	id.
	BURIAL CREMATING REMOVAL Specify	3/26	166			rial Cemete	ry Nas		, Tenn		Stote)
24 W	. W. Char	w / Wash nbers Funer	ington al Hom	, D. CADORESS e, 1400 Ch	apin	St.N.W DAVA	D BY REGISTRAR		GISTRAR'S SI	GNATURE Judge	

•• TO FUNERAL DEFICTUR: After this certificate has been signed by the attending physic an and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbor papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4	oznos CERTIFICATE OF DEATH
	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before admission)
	. COUNTY MONTGOMER Y MARYLAND . STATE Maryland b. COUNTY MONTGOMERY
	b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LENGTH OF STAY IN 16  STIVER STAY  STAY  STAY  STAY  TOWN  TOW
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d STREET ADDRESS   0. IS RESIDENCE ON A FARM
PAS III	NAME OF DECEASED OF MANTERIUM . 130 DIVER SPORT OF MANTE Day Year OF
	(Type or print) Helen K. Larsen Death March 23 1966
5.	SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DEVER MARRIED  DIVORCED  D
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)
	Housewife Own home FRANCE 71.5A
	Charles Gloess Unknown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [Hyesgive were ordates of service)   13618 Loree Lane
ŀ	No None 214-03-86078 Kenneth J. Heinrich Silver Spring, Maryland IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
l	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CETEBRAL TRANSPORTED  ONSET AND DEATH  SOLVE
1	Conditions, it any, which > (b) Christial antiria delinaire.
	Conditions, if any, which gave rise to immediate cause [a], stating the underlying DUE TO
	cause lost, (c)
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 19. WAS AUTOPSY PERFORMED.  YE
	O 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m.
	21. I certify that (1) (this hospital) attended the deceased from McCombu, 1965, to March 22, 1964, that (1) (we) la
l	saw the deceased alive on
l	226. SIGNATURE  226. SIGNATURE  ATTENDING  MED. STAFF  MAR 2 3 1G4 (
	220 PHYSICIAN'S NAME (Type) JAMES & COLIMAN 22d. ADDRESS Q24' COLUMBIA BLVD MARKEYIMA
	23a BURIAL, CREMATION, 23b. DATE THEREOF [23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, lown or county) (State)
	REMOVAL (Specify)  Burial 25 Mrsh 19662 George Washington Cemetery BX Huattsville Maruland
ĺ	24 FUNERAL DIRECTOR'S SIGNATURE ALL THE THE THE THE THE THE SIGNATURE 256. REC'D BY REGISTRAR'S SIGNATURE
Ð	Warner E. Pumphrey, Inc. Silver Spring, Md. MAR 28 1956 Milarles Judge



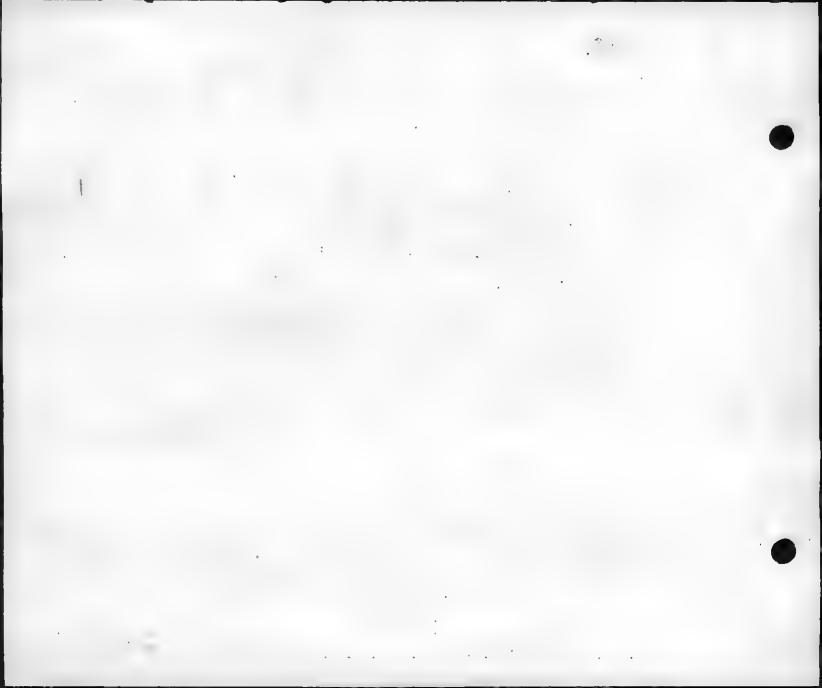
routin Case not w De. Reap noting

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ı	MAR)	YLAND STATE DEI		F HEALTH	
	DIVISION OF STATISTICAL RESEA	ARCH AND RECORDS  CERTIFICATI		ON STREET, BALTIMOR H	RE 1, MARYLAND
	1. PLACE OF DEATH a. COUNTY	OZITI IOATI			tution: Residence before admission)
	Mantagmery	MARYLAND	a. STATE	b. COUNT	taomery
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH DF STAY IN 16	c. CITY OR YOWN (	f outside corporate limits, writ	e BURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in ho	the 45 min	d. STREET ADDRESS	tov	l - le projervar
7	H. L. Cons Handtol	sabirer, Riae ziteer adaless)	0-0	Λ.,	8. IS RESIDENCE ON A FARM?
	3. NAME OF First	Middle	Last	A. DATE Month	YES ND
	(Type or print)	Ney Lin	chliter	DEATH MARC.	1 4 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED	A ************************************	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WIDDWED 10a, USUAL DCCUPATION (Give kind of work done 10b, KI	DIVORCED DIVORCED		County & State, or foreign country)	12, CITIZEN OF WHAT
	during most of working life, even if retired) IN	VDUSTRY	0 , 1		CDUNTRY?
	13. FATHER'S NAME ) NEER, Maint Of	fice Knilding	14. MOTHER'S MAI	AW/A DEN NAME	1 V. S. H.
	Braden Leichliter		Unkou	m	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((fyes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
			harles Leic	hliter same as	
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c), j	+ -6 m	elevris!	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	7			( time)
	Conditions, If any, which \ (b)				
	gave rise to immediate cause (a), stating the DUE TD				
	Underlying cause last. (c) PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTE  Output  Description:	TING TO DEATH BUT NOT BELD	TÊN TO THE TERMINAL	DISEASE CONDITION CIVEN IN D	ART1(a) 119. WAS AUTDPSY
	CATI	THE TO DESTITE BOTH TO THE EX	TED TO THE TERRITAGE	RESTRUCT COMPLICATION BLACK VALLY	PERFORMED?
	PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING [] 20b. DI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RREO. (Enter nature o	f injury in Part I or Part II of	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. p.m. 19 at work		CE OF INJURY (Home, firy, street, office bldg., e		(County) (State)
		at work	19 17 70		
	21. I certify that (I) (this hospital) attended saw the deceased alive on 3/4/				., 19, that (i) (we) last nd on the date stated above.
	22a. SIGNATURE	d /		1	22b. DATE SIGNED
	22c. PHYSICIAN'S	CLCOW M.D.		MED. STAFF DIRECTOR PHYS.	3/4/6 6
	NAME (Type) Patrick James	ion	22d. ADDRESS	Georgea Sile	ic Spang Med
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	Butist 3/8/66	Crown Hill		Payette Coun	tu Penea
	11/2 + 10 The Description of State	ADORESS		C'D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
	The Kar Committee of the War	34 Ga., que., S.	S., Md. DAMAF	7 1 0 1966 gcc	arces juage

BETTER BUSINESS FCRMS, INC., BACTIMORE, 4D. 21201

VR A15 (4) 20M 1/65

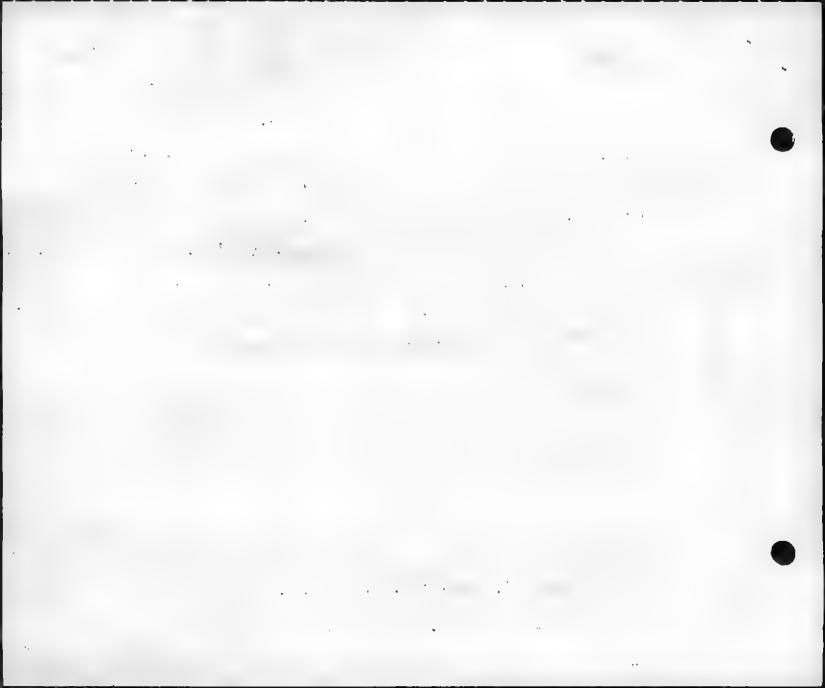


**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital as attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp etely filed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers—Pages 1 and 2 should be filed with the State Dept, of Health priar to burial, cremation, ar remaval, and in any event, within 72 nours after dealth.

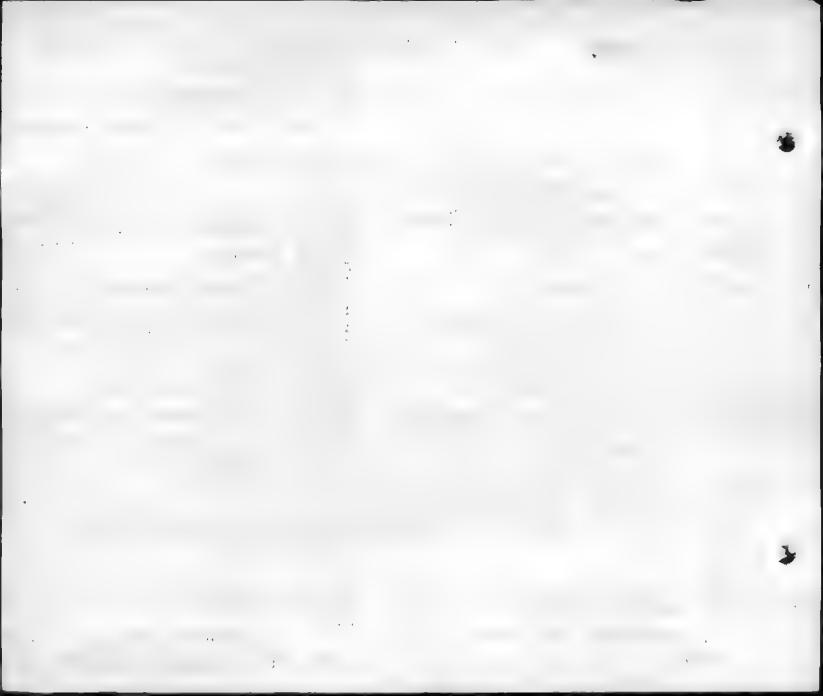
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	MARYLAND STA	TE DEPARTMENT O	F HEALTH	
Division of STATISTICAL	RESEARCH AND RECOR	OS, 301 W. PRESTON	STREET, BALTIMORE,	MARYLAND 21201

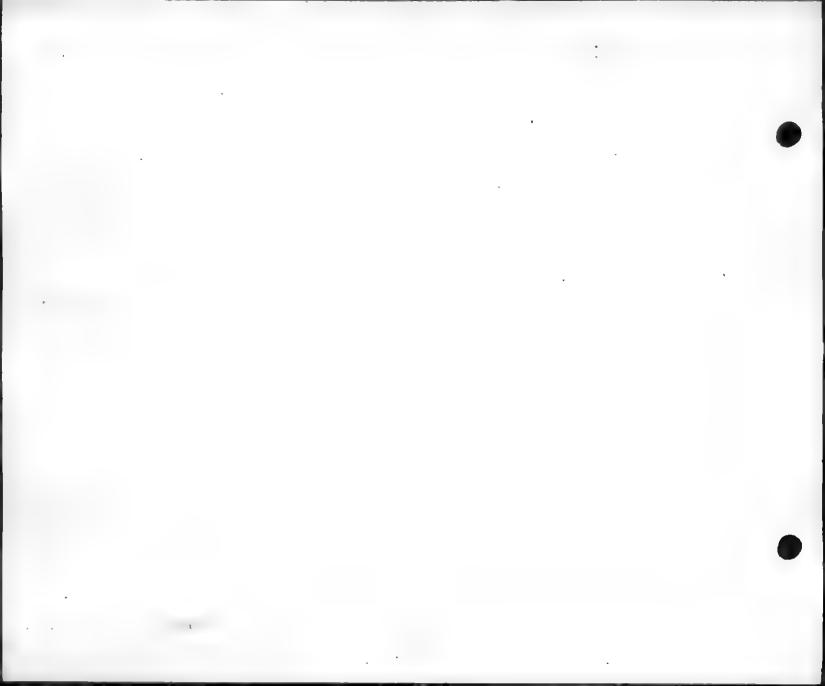
	04007	3		CERTIFICAT	E OF DEATH	1	15333
		ntgomery		MARYLAND		there deceosed lived, if institution: Residence of Columbia	dence before admission
	write RURAL and	f autside carporate limits dig ve nearest town) UNESCA (Rur	al)	2 days	Washi	side corporate limits, write RURAL and ( .ngton	4
		at or astrution (Had Naval Hospi		ive street address)	6916 Will	ow Street, N. W.	e 3 residence On a farm? Yes ho
	NAME OF DECEASED (Type or print)	Mich	• •	Middle Wayne	LEONARD Lost	4 DATE Mouth OF March	Doy Year 14 19 66
	Male	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH  Jan. 25, 19	65 Inst birthday) Months	
dur	ing most of working None	(Give kind of work done ife, even if refired)		ND OF BUSINESS OR DUSTRY		xoxxxibiyiand	COUNTRY? U.S.A.
13.	FATHER'S NAME M	ichael W. L	eonard		14. MOTHER'S MAIDEN N Antionett	e Scannelli	
15 (Ye	NO NO (NO NO N	R IN U.S. ARMED FORCES? (If yes give was or dates o	f service)	lone N	INFORMANT Fath	. Leonard	as Item 2.
	18 CAUSE OF DI PART 1. DEA	EATH (Enter only one cou TH WAS CAUSED BY. IMMEDIATE CAUSE	se per line for $\mathbf{B}\mathbf{i}$ ]	(o), (b), and (c).) Lateral pne	monia asso	ciated with	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any rise to immedial	, which gave )	TO		leuken	ITA	
	stating the unde	rlying cause	(ε)				
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTING TO	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	PERFORMED? YES NO
MEDICAL CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	Part I or Part II of Item 18.)	
MEDICA	20c. TIME OF INJ Haur a.i p.s	10	20d IN While at work	Not While   fo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	, 20f. (City or town) (	(County) (State)
	saw the d	fy thot (\$) (this hos eceased alive on	pital) attend Mar . ]	led the deceased from_ _419_66, and th	Mar. 12 , 19 at death occurred at_	9.66, to Mar. 14, 1450PM, from couses ond on	the dote stated above.
	22a SIGNATURE	nald H.	Lu	anger "	D. PHYS.		P • 15, 1966
	22c PHYSICIAN'S NAME (Type	Ronald F	. Swar	iger M. D.	U. S. Nav	al Hospital, Beth	esda, Md.
	n Burial, Crematic REMOVAL (Specify Burial	3-1.6-0	56	N. Eagle Ceme	tery	23d LOCATON (GHy or Town) Eagle, Michiga	
24		R. A. Pumph Jisconsin Av		nera¶ <sup>or</sup> #ome thesda. Maryl	1110	BY REGISTRAR 256 REGISTRAR 256 PCLOS	les Judge:



11	1(1)	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
٠	FOR STATE		13994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	HEALTH DEPT.	1. E	LAGE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, H Institution: Residence before edimission. COUNTY  e. STATE b. COUNTY
	Page lies.	h	MONT GOMERY  MARYLAND  CITY OR TOWN (if outside corporate limits, write RORAL and give perest town)  C. CITY OR TOWN (if outside corporate limits, write RORAL and give perest town)
	y is necesmry, director. Page to your files. Separtment of leath.		write RURAL end give negras lown)
4.	y is dir Jepi Jepi	d	I. NAME OF HOSPITAL OR INSTITUTION (II not in pospital, give street eddress)  o. IS RESIDENCE ON A FARM
8			HOLY CROSS HOSP 1307 WESTVIEW DR 1850 NO[
	h, If any de to the funer be retained h the State hours after	1	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED OF DEATH 3. 24 19 66
	海の 一連の	5. 3	SEX   6. COLOR OR RACE   MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
	1 2 2 2 E	100	WIDOWED   DIVORCED   10   5   99   66 vs.
	# C 6 7	don	USUAL OCCUPATION (Give kind of work of units) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 13. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (STATE OR FOREIGN COUNTRY III. BIRTHPLACE (ST
	n 24 hours a ive Pages. L. p. PM3, Page e pages Teg iny even.	13.	JATHER'S NAME IT
	rithin 24 h 3. Give Pa form PM3 form PM3 f. File pag in any ev	152	Faseful Catabrico Unitoria listosi  WAS DECEASED EVERTIN U.S. ARMED FORCESS? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
	uted within Item 18. Given with form permit. File	-{Yes,	no, or unknown) (If yes give wer or dates of service) many fites of service 2301/1/4. How So
	uld be executed with pencif in feam if ffice along with urial-transit permitor removal, and		IE. CAUSE OF DEATH [Enter only one gause per line for (a), (b), end (c).)  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	ould be exect in pencil in Office along burial-transit		IMMEDIATE CAUSE (a) Massive pulmonary embolus secondary to
	abould to a solution, or r		Conditions, if ony, which \ fig. fractured vertebra.
	ing" er's (		gave rise to immediate cause  (a), stelling the underlying  DUE TO
	"pending" in pencil in Item 18. Give xaminer's Office along with form PA used as a burial-transit permit. File p cremation, or removal, and in any	1.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	This cartificate thou word "pending" is didal Examiner's Clidal Examiner's Clid be used as a burial, cremation,	011¥	RERFORMED? YES NO [
	DELUTE MEDICAL EXAMILER: This cartifications assessed the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's TUNERAL DIRECTOR: Page 3 should be used as a selfth or its designated agent, prior to burial, cremation	CERTIFICATION	20s. EXTERNAL CAUSE WAS PRIMARY 17 or CONTRIBUTING D Deceased fell from ladder while hanging curtains at home.
	MEDICAL EXAMER:  Execute the certificate, writing the d be forwarded to the Chief Mer EXAL DIRECTOR: Page 3 sho or its designated agent, prior to	<u> </u>	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	the (A: Pagent,	-	1:30 P.m. 3/16 1966 While Not While Home Silver Spring Montj. Md.
	AL Trifical de to	- 1	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes I. Apollent III, Suicide II. Homicide I. Undetermined manner
3	MEDICAL  of the certific  forwarded to  orwarded to  orwarded to  designated		death resulted from: Natural causes Accident (A), Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER
	Me the forv		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DE Execusive Executive Exe		NAME (Type) BELDEN R. RELAD, M.D. Address TSheet, City, Lown, or country March 24, 1966
	please e 4 should TO FUNI	22ac	BURIAL CREMATION, 22b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Smite)
	H TABT	23~	THE PROPERTY ADDRESS 240. REC'D BY REGISTRAR   240, REGISTRAR'S SIGNATURE
	VR A15ME 5M 1/63	1	Will line ferreament Son 5732 and MAR 29 1966 golden Judge
			/



		Division of STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESION STREET, BALHMORE, MARYLAND 21:	201
FOR STATE		03000	ER'S CERTIFICATE OF DEATH	02995
EALTH DEPT.	1	PLACE OF DEATH  O. COUNTY  MONT 9 = 1712 1 4 4 MARYL	2 USUAL RESIDENCE (Where deceased lived, if institution: Resider a STATE	
loy is 3 to Page ent of leath.	-			ntgomery
deloy is 2, and 3 to PM3 Page portment of after death.		b CITY OR TOWN (fourside corporate limits, c. LENGTH DF STAY N write RURAL and give nearest town) Silver Spring Years	3	: /
1, 2, m F		d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDÊNCE ON A FARM?
ges far far ote l	0	2028 Glenkon RIL	2028 GLENROSS Rd.	YES NO X
ofter daath If T deloy  3. Give Poges 1, 2, and 3 along with farm PM3 Pay with the State Deportment		NAME OF DECEASED (Type or print) RICHARD WAYNE		19 19 6 b
hours offer daath fem 18. Give Page Office along with f ding with the State within 72 h	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED D VORCED	The state of the s	Days Hours Min
4 = 0	1 d	Da USUA. OCC. PATION (G ve kind of work done uring most of working le, even if retired)  Clerk  10b KIND OF BUSINESS OR NDUSTRY  And Market	11 BIRTHP, ACE (State or fore an country) 12 CI	TIZEN OF WHAT
		Clerk Food Market 3 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
within a pencil Examiner File page and in or		Claude A. Le. Roy	Florence L. Starr	-
executed anding" in Medical E t permit. F emoval, a	(	S WAS DECEASED EVER .NU.S. ARMED FORCES? Yes, no prunknown) (If yes give war or dates af service)  215-36-2637	17 INFORMANT Claude A. LeRoy Addressilve Father 2028 Glen	erSpring, Mo Ross Rd.
certifate should b∎ executed writing the word "pending" invarded to the Chief Medicol used as o burial-tronsit permit.		In complete experience and the complete	Monoxide-Prisoning	INTERVAL BETWEEN ONSET AND DEATH
ord on, c		9/3/ DUE TO		
cate shoul ng the wor ded to the is o burial- , cremation		Conditions, if any, which gave rise to immediate couse (a), DUE TD		
f cate ing th ded t ded t as o as o il, crei		stating the underlying couse (c)		
INER: This certificate should b∎ executed e certificate, writing the word "pending" is should be forwarded to the Chief Medical files. 3 should be used as o burial-tronsit permit.	MOID	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT READ	TED TO THE TERM NAL DISEASE CONDITION G VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
This fcate be le le ld be or to	CEPTIFICATION	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCC	CURRED. (Enter noture of injury in Port 1 or Part II of Item 18)	1 10 2 10
NER: certifichould illes. should nt, prio	W CE	THE CONTRACTOR OF THE CONTRACT	or in closel garage.	
	MEDICAL	arwork A	factory, street, office bldg etc.) Silver Spring.	Mont- Md
AL EXECUTED FOR The Popular Po		21. I <b>certify</b> that I taak charge of the remains described abo		
se e setor ned RECT		death resulted fram: Natural causes . Accident .,	Suicide X, Hamicide , Undetermined manner C	
S e e e e e e e e e e e e e e e e e e e		ACTUAL SIGNATURE John S. Ball	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY MESTCAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designoted aga	,	EXAMINER'S NAME (Type) John G. Ball	DEPUTY MEDICAL EXAMINER & 3/19/6 Address (Street, city town, or county) Bethesde	ay Md.
TO DEPU necesso the fun 5 moy   TO FUNE Health o	2	BO BURIA (REMATION 236 DATE THEREOF 23c NAME OF CEMETI SURVEY)  BURIAL (REMATION 236 DATE THEREOF 23c NAME OF CEMETI CORTILARY)	7	(County) (State)
VR A15ME (5)	11	124 FUNERAL DIRECTOR TO REMARKS AND STATE OF PURPLES AND STATE OF PURPLES AND STATE OF STATE	Avenue 250 RECD BY REGISTRAR 256 REGISTRARS S	SIGNATURE



1 (M)

Problem filled in by the funeral vertaboan papers. Pages 1 and 2 vertaboan papers, Pages 1 and 2 vert, within 72 haurs offer death

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3	0400	6	CERTIFICA	TE OF DEATH		03996				
	o COUNTY	Montgomery	MARYLAND	2 USUAL RESIDENCE (V	Where deceased lived, if institution b COUNTY					
	Silver Sp		c. LENGTH OF STAY IN 16 hospital, give street address)		utside corporate limits, write RURAN er Spring er Drive	e is residence ON A FARM? YES NO X				
	3 NAME OF DECEASED (Type or print)	ESTHE	Reddle 1	EVIN	4. DATE Manth OF DEATH MARC					
	s six Semale		MARRIED NEVER MARRIED NOT NEVER MARRIED NOT	B DATE OF BIRTH Jan. 5, 188	lost hirthdoy)	IF JNDER 1 YEAR   IF UNDER 24 HRS. Months Ooys Hours Min.				
	IDG USUAL OCCUPAT ON during most of working Housewit 13 FATHER'S NAME Theodore	(Give kind of work done life, even if retired)  Schofield	106 KIND OF BUSINESS OR INDUSTRY  16 SOCIAL SECURITY NO. 17		& State, or fareign country)  NAME	2 CITIZEN OF WHAT COUNTRY? U. S. A.				
(Yes, no, or unknown) (If yes give war ar dates of service)  None  None  Mrs. Ann Filderman  Same as 2  IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave is to immediate couse (o), stating the underlying couse (o), stating the underlying couse (o) (c)  OULD TO  Conditions, if any, which gave is to immediate couse (o), stating the underlying couse (o) (c)  OULD TO  Conditions, if any, which gave is to immediate couse (o), stating the underlying couse (o) (c)  OULD TO  Conditions, if any, which gave is to immediate couse (o), stating the underlying couse (o) (c)  OULD TO  Conditions, if any, which gave is to immediate couse (o), stating the underlying couse (o), stating										
	200. ACC DENT WA		20b DESCRIBE HOW INJURY OCCURRE			19/WAS AUTOPSY PERFORMED? YES NO				
	불 Hour ar	10	While Not While	PLACE OF INJURY (Home, forn octory, street, office bldg., etc.		(County) (State)				
	21. I certi saw the d 22a. SIGNATURE	21. I certify that (I) (this haspital) attended the deceased from								
	230 BUR AL CREMATIC REMOVAL (Specify Burial 24 FUNERAL DIRECTO	3-30-0		Cemetery 250. REC						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and codirector, page 3 should be detached for use as the burial-transit permit. Then please rents shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

Page 4 may be retained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and configure filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. THE DESIGNATE OF STRENDING FRY HIGH. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. medica Cleaned cuith

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02000	
1. PLACE DF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARY	a. STATE Maryland b. COUNTY Montgomery
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b . C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Silver Spring l hr.	Silver Spring //-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	DN A FARM?
Holy Cross Hospital	11431 Lockwood Drive VES NO X
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) / / / / / / / / / / / / / / / / / / /	LEVY DEATH March 15 19 66
MARKIED 4 NEVER MARKIE	[ [dS[ VII [IIV47]   Months   Dave   Hours   Min
Male   White   WIDOWED   DIVORCE 10a. USUAL OCCUPATION (GIVE kind of work done   10b. KIND OF BUSINESS OF	7/-1//-
during most of working life, even if retired) INDUSTRY	COUNTRY?
Salesman Groce	ery   Washington, D.C.   U.S.A.
	a half- a land
Jacob Levy 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	0. 17. INFORMANT Address 10602 Lester St
(Yes, no, or unkown) \(()\) f yes give war or dates of service\)	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (	Evelyn Barr, Daughter Sil. Spr., Md.
DADT I BEATH WAS DAUGED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ZIIK I IDICICOITITOR SOMIN
conditions, If any, which ) DUE TO MYOCARD	PIAL INFARCTION 30 MIN
gave rise to immediate (	11/12 1/10/11/01
cause (a), stating the underlying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART I). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  2Da. ACCIDENT WAS UNDERLYING []  DR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO S
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU	JRY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
Hour a.m. While Not While at work at work	120101 5, 341 551, 011105 11108., 510./
21. I certify that (I) (this hospital) attended the deceased 1	from APRIL, 1965, to MAR, 1966, that (1) (we) last
	and that death occurred at 104 M, from the causes and on the date stated above.
22a, SIGNATURE	22D. DATE SIGNED
1/100 1/100/1	DIRECTOR   PHYS.   13 MILES
22c. PHYSICIAN'S NAME (Type) Type Type Type Type Type Type Type Type	22d. ADDRESS 2390 Glenmont Circle
Walter E. Goozh	Wheaton Md.
REMOVAL (Specify)	emorial Park Falls Church Va.
Burial 3-17-66   Nat'l M	emorial Park Falls Church Va.

VR A15 (4) 2DM 1/65



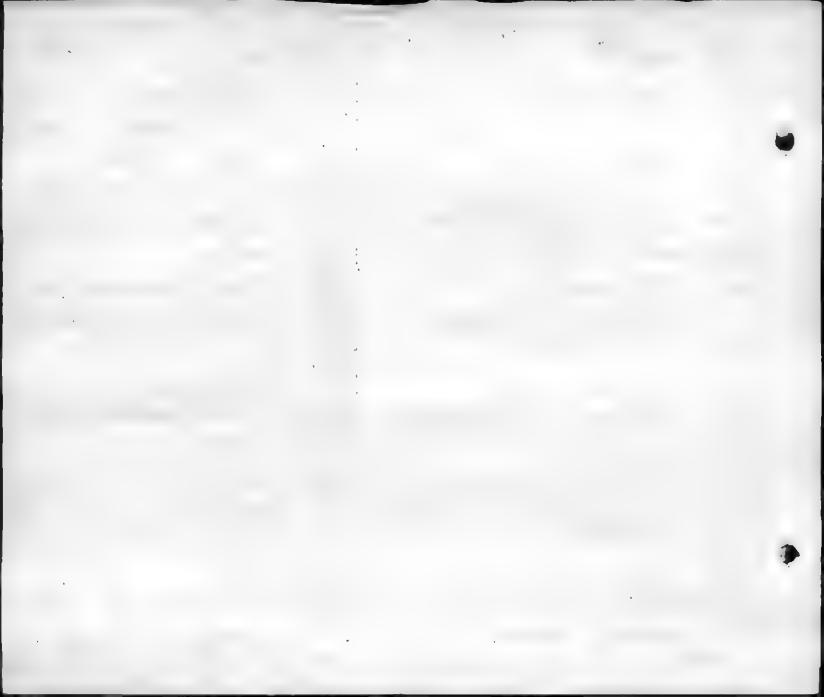
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH 6 COUNTY 149m 3 NUCCINC Montgomery b CIY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) Chevy Chase, Maryland CHPIO w d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS e IS RESIDENC ON A FARM? 9114 Jones Mill Road YES NO X 3 NAME OF Middle OF DEATH DECEASED JULIUS LIPOVSKY 3-27-1966 (Type or print) IF UNDER 24 HRS 9 AGE (In years IF UNDER I YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Dovs DIVORCED [ WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10h K ND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY RUSSIA 50 m 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DANIEL Lipovsky UNK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address elf.elf Mx (Yes, no, or unknown) [(If yes give wor or dates of service) CONGUSTIUG TB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ARTERIOSELERUTIE CALDIOVAR C IMMEDIATE CAUSE (o) 82 BHE TO CAKEINOM A Conditions, if any, which gave t rise to immediate couse (o), stoting the underlying couse RHEUMATOID PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOP PERFORMED? DIAMETER 200 ACC DENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20d INBIRY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work at work 1963 to 1966, that(1) (we) last 21 I certify that (I) (this haspital) attended the deceased from Manne saw the deceased alive an 3-26 1966, and that death accurred at 10 A M, fram causes and an the date stated above. 22b DATE SIGNED 220 SIGNATURE 27-1966 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 53/5 BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burlal (Specify) Hillside, Maryland Beth Sholom Cemetery 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Danzansky & Sons 3501 14th St., N. W.

The low requires that thm demth certificate be emecuted within 24 hours after death. funerol and er deot hos been SO Roge 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 sho should be filed with

VR A15 (4) 1 20 M 1/66



HEALTH DEPT.  1. PLACE OF DEATH 2. COUNTY  D. COUNTY  MARYLAND  b. CITY OR TOWN (if outside corporate limits,  write Rural end give namest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside sorporate limits,  write Rural end give namest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not a hospital, give street address)  d. STREET ADDRESS  //O 7 11 BERT  DECEASED  (Type or print)  FAANK  Last  DATE  OF  (Type or print)  FAANK  LENGTH OF JERTH  OF  DECEASED  (Type or print)	00000
HEALTH DEPT.  1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased 1 e. STATE MARYLAND  5. COUNTY  5. COUNTY  6. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  7. IN AME OF DECEASED  6. STATE MARYLAND  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  7. IN AME OF DECEASED  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  7. IN AME OF DECEASED  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  7. IN AME OF DECEASED  6. CITY OR TOWN (if outside sorporate limits, c. LENGTH OF STAY IN 1b)  7. IN AME OF DECEASED  7. IN AME	its, write RURAL and give neerest town)  ON A FARM YES NO D  Monila Day Year  A C. J 19 6 6  n years IF UNDER 1 YEAR IF UNDER 24 HRS thday)  Monilas Days Hours Min.
a. COUNTY  Solve of the control of t	COUNTY MUNTCOPPER, its, write RURAL and give neered town)  ON A FARM  ON A FARM  YES NO D  Month Day Year  A A J 19 6 6  In years IF UNDER 1 YEAR IF UNDER 24 HRS thday)  YOUR MONTHS Days Hours Min.
MARYLAND  b. CITY OR TOWN (if outside corporate limits,  write RURAL end give namest lown)  b. CITY OR TOWN (if outside corporate limits,  write RURAL end give namest lown)  d. NAME OF HOSPITAL OR INSTITUTION (if not a hospital, give street address)  d. STREET ADDRESS  //O 7 14 BERT  DECEASED  TOPE OF THE STREET ADDRESS  //O 7 14 BERT  OF DECEASED  (Type or print)  FAANK  LITY OR TOWN (if outside corporate limits,  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if foutside sorporate limits,  c. CITY OR TOWN (if foutside sorporate limits,  c. CITY OR TOWN (if foutside sorporate limits,  write RURAL end give namest lown)  A STREET ADDRESS  //O 7 14 BERT  OF DECEASED  (Type or print)  FAANK  LITY OR TOWN (if outside sorporate limits,  c. CITY OR TOWN (if foutside sorporate limits)  c. CITY OR TO	its, write RURAL end give neerest fown)  ING  ON A FARM YES NO D  Month Day Year  A A
Systematics of the street of t	DRIVE ON A FARM YES NO D  Monik Day Year  A R. 22 19 6 6  n years IF UNDER 1 YEAR IF UNDER 24 HRS thday)  Moniks Days Hours Min.
HOLV CLUSS    1807 H BERT     1808 H BERT	Month Day Year  A A . 23 19 6 6  n years     FUNDER 1 YEAR     FUNDER 24 HRS
To separate of the separate of	Monik Day Year  A A . 27 19 6 6  n years IF UNDER 1 YEAR IF UNDER 24 HRS thday) yri. Moniks Days Hours Min.
DECEASED (Type or print) FAANK LITZENBURE SE DEATH N	A A . 2 3 19 6 6 19 19 19 19 19 19 19 19 19 19 19 19 19
-02-2 1 AAN A 1 ZONDUKE JR.	n yeers (IF UNDER 1 YEAR IF UNDER 24 HRS hday) Monihs Days Hours Min.
	thday) Months Days Hours Min.
10e. ASUAL OCCUPATION (Give kind of work done further meet of working life, even if refired)	
TIPE LITTER PLUMBING MARY/AND	U.5 H.
13. MATHER'S MAIDEN NAME	. /
E DE E 15 WAS DECEASED EVER IN 15 A RANGE PORCES IN SCHOOL SCHOOL IN CO. AS THE PORCE AND THE PORCES IN SCHOOL SCHOOL IN CO. AS THE PORCE AND	Make Address 1800 100 1 11
(Yes, no, or unkown) (If yesgive wer or deles of service)  The first of DERTH [Enter only one seurce per line for [a] (b) and (c)]	a delinea Arrivate
18. CRUSE OF DERTH [Enter only one course per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
immediate cause (e) Bllateral, paniobar, staphiococcal	
DUE TO  Conditions, if eny, which \ (b) aureus pneumonia.	
To no to gove rise to immediate cause	
E D D O C C C C C C C C C C C C C C C C C	
Equipment of the significant conditions contributing to death but not related to the terminal disease conditions of the t	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Port   or Port    of item   20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Port   or Port    of item   20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Port   or Port    of item   20b. DESCRIBE HOW INJURY OCCURRED.	9-4
CAUSE OF DEATH.    Cause of Death   Caus	(County) (State)
No. 19   al work   et work	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Natural causes . Acaident . Suicide . Homicide . Undetermined to the control of the contr	Inquiry and in my opinion ned manner
death resulted from. Natural causes Acquident Suicide Homicide Undetermine Chief MEDICAL EXAMINER	ned manifer []
death resulted from Natural causes . Acaident . Suicide . Homicide . Undetermined to the party of the party o	DATE SIGNED
DETERMINER'S BEIDEN DEAD MD UNCOLON	March 22 1966.
NAME (Type)  NAME (Type)  22e. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (CIL	y, town, or county) [Siete]
garge Bural 3-26-66 try Hell Cem Rame	I Mil
VR A15MEY 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 24	Migistran's SIGNATURE
SM 1/63 / DEWILL NEUROLANAN D'AULE MALBORATIO I 1000	



24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaines that the meating certification be executed within Page 4 may be retained by the hospital or attending physician.

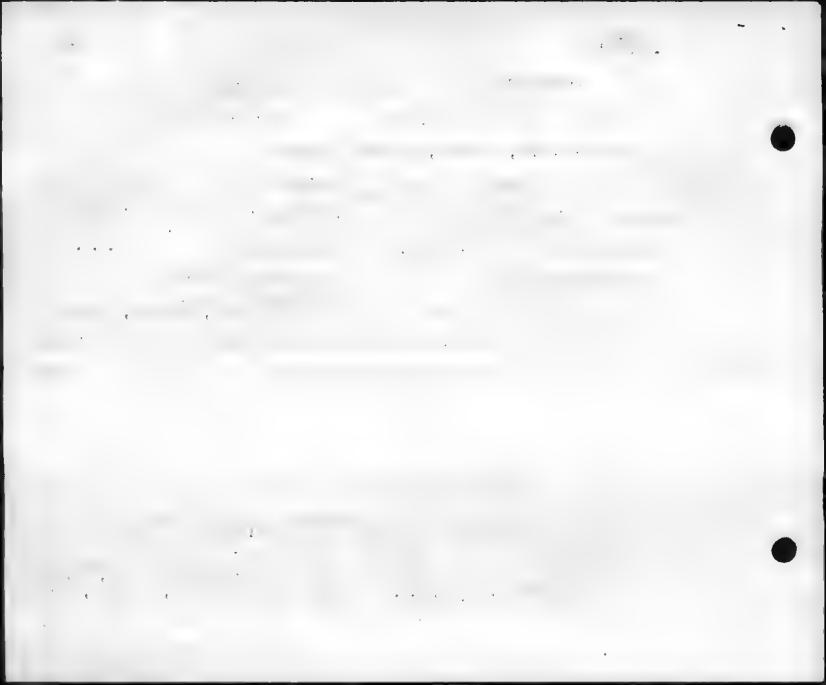
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	a. COUNTY						E (Winere geci			sidence delote mainission?
		Montgomer	Y	MARYLAI	ND I	a. STATE b. COUNTY Tennessee				
-	b. CITY OR TOW Write RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Bethes	_		69 days	Eliza	bethto	n		7 .	
_			(if not in h	ospital, give street add	ress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
=	The Clini	cal Center,	Bethe	ada, Maryla	nd_	Route #4				YES NO X
J.	NAME OF DECEASED	Firs	II.	Middle		Last	4. DATE	Month		Day Year
	(Type or print)	Ma	ry	Ann		Livingston	DEATH	Mar		30 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X   8	. DATE OF BIRTH	9.	AGE (In years last birthday)	F UNOER 1	YEAR IF UNDER 24 HRS.
	Female	White	MIOOWED	DIVORCED		12 September		58 yrs.	6	18
du	Ing most of work	ON (Give kind of work ding life, even if retired)	one 10b. Ki	IND OF BUSINESS OR HOUSTRY		11. BIRTHPLACE (Co	unty & State,	or roreign country)	12. COI	IZEN OF WHAT JNTRY?
	Homemake	r	1	t employed		Tennessee			U.S	.A.
15								- h		
15	John He	nry Livings VER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY ND.	17.	Alice Eliz	za numi	Addres	S	
		(If yes give war or dates of				The Medica	al Reco	ord,		
	No			None		e Clinical (	center	Betheso	la, Ma	
			cause per II	Ine for (a), (b), and (c).]	l					ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	a) Sept	icemia due i	to I	Escherichia_	Coli			2 days
	×041		_							
	Conditions, if	DOL 1		nic Lymphocy	rtic	Leukemia				5 years
	gave rise to		-,		,	200310000				
	cause (a), st underlying caus	ating the								
ĕ		/	C) VS CONTRIBU	TING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	ISEASE CONT	TION GIVEN IN	PART 1(a)	19. WAS AUTOPSY
CERTIFICATION										YES X NO
ERTIF	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING DATE NG CAUSE OF DEATH IFY MEDICAL EXAMINE	20b. D	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Pa	rt I or Part II of	Item 18.)	
			_							
S	20c. TIME OF I	NJURY Month, Day, Y	1	NJURY OCCURRED   201	e. PLAG	CE OF INJURY (Home, fa y, street, office bldg., el	rm, 20f. (	City or town)	(Cour	nty) (State)
MEDICAL	n.t		While at work	Not While		21				
	21. I certif	v that OK (this hospi	tal) attende	ed the deceased from	m_20	January 19	9 66, to_	30 March	_, 19_6	6, that 05 (we) last
	saw the dea	eased alive on M	arch 3	0/7 19 66, and	that	death occurred at 7	135M, fro	m the causes	and on th	e date stated above.
	22a. SIGNATUM			422	7		Α.			TE SIGNEO
1		Votore	0/	Jallo, oll	/M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.	30 1	March 1966
	22c. PHYSICIA									National
	NAME (T)	Robert Robert	C. Ga	110, M.D.		Institute	s of He	alth, Be	thesc	la, Maryland
23		ATION, 23b. DATE TI	HEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or cou	nty) (State)
Βı	REMOVAL (Spe	ansit 3-3	0-66	Livingsto	on	Family Cer	n. El	izabet	hton	Tenn.
24	. FUNERAL DIRE	CTOR		ADDRESS		25a. REC	C'D BY REGIS	TRAR 25b. RE	GISTRAR'S	SIGNATURE
RO	BERT A.	PUMPHREY	Be	thesda, Ma	ary	land DATEPR	4 19	956 JC	ineles	Judge

VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before as a, STATE b. COUNTY

MARYLAND

MARYLAND

MARYLAND

COUNTY

MARYLAND

MARYLAND

COUNTY

MARYLAND

COUNTY

MARYLAND

COUNTY

MARYLAND

COUNTY

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MARYLAND

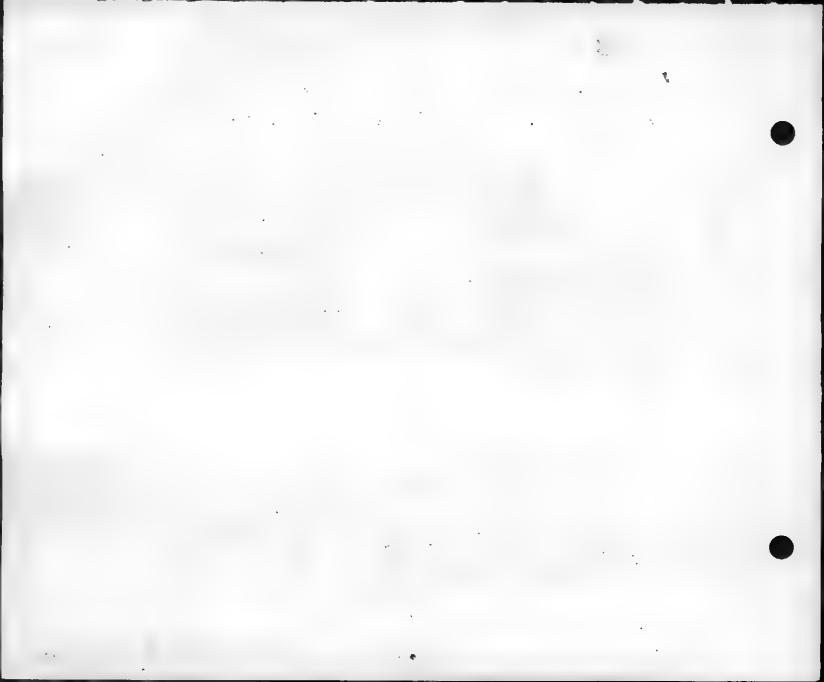
COUNTY

MARYLAND

MAR

	の云のすい	O E ICI III KOTAT I			- C - C - C - C - C - C - C - C - C - C
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When	deceased lived, If institution b. COUNTY	: Residence before admission)
	MontarmerV	MARYLAND	Marilland		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR FOWN (If outside	corporate limits, write RUR	AL end give nearest town)
7	akoma Park	40000	adelphe,	/	3 -
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM?
1	Jashenotan Lentarius	174 Hospital	11022Ch	erry Hell K	YES NO X
3.	NAME OF First	Middle	( Last 4. Of	TE / Month	Day Year
	(Type or print)	Seatrice o	soage of	ATH 3 -	13 1966
5.	6. COLOR OF RACE 7. MARRIED	NEVER MARRIED   8	B. DATE OF BIRTH	9. ACE (In years IFUND	ER 1 YEAR IF UNDER 24 HRS s Days Hours   Min.
	Rmale White WIDOW	DIVORCED [	3-4-91	yrs.	
16a	USUAL OCCUPATION (Cive kind of work done   10b. King most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (County & S	tate, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?
K		10001111	( an odo	, ,	45A.
13.			14. MOTHER'S MAIDEN NAM	E	
	Peter Van Com	D			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(16	MAN &		Haspital	Receids	
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c). ]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	to Meres	-lend mela	on them	DISSET AND DEATH
	4 +C1 DUE TO	1			P
	Conditions, If any, which ) (b)	U	//		
- 1	gave rise to immediate (				
	cause (a), stating the DUE TO underlying cause last. (c)				
ē.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1	(a) 19. WAS AUTOPSY
CAT					PERFORMED?
		DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	n Part I or Part II of Item	
CERTIFICATION	OR CONTRIBUTING (CAUSE OF DEATH ) (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Day, Year   20d. II	NJURY OCCURRED   20e. PLAC		of. (City or town) (	County) (State)
MEDICAL	Hour a.m. While p.m. 19 at work	- not walle -	ry, street, office bldg., etc.)	· , , ,	
2	21. I certify that (i) (this hospital) attends		March 10, 1966	to Marks (319	G that (I) (we) last
	saw the deceased alive on / Mittel		death occurred at SAM		
	228. SIGNATURE	()0		22b.	DATE SIGNED
	All by Buch fu	M.D.	ATTENDING MED.	R PHYS.	
	22c. PHYSICIAN'S NAME (Type) [ ] [ ] A A A [ E ]	1 (0 - 1 - 1 )	22d ADDRESS	01 .1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/6-11-11	1 6826 F140	S Fd HUAT	75 174
23a		1 /2 / 1 ~	OR CREMATORY 23.	LOCATION (City, fown or	county) (State)
	Burial 3-16-66	Just Herran	Colleren.	Dermestown	mel
24	. FUNERAL DIRECTOR 316	= CADDRESS OG	25a. REC'D BY F	A mark	AR'S SICNATURE
1	Of. Lailner Dan	Cheroling n	DAMAR I 5	1966 John	les Judge -

VR #15 (4) 20M 1/65

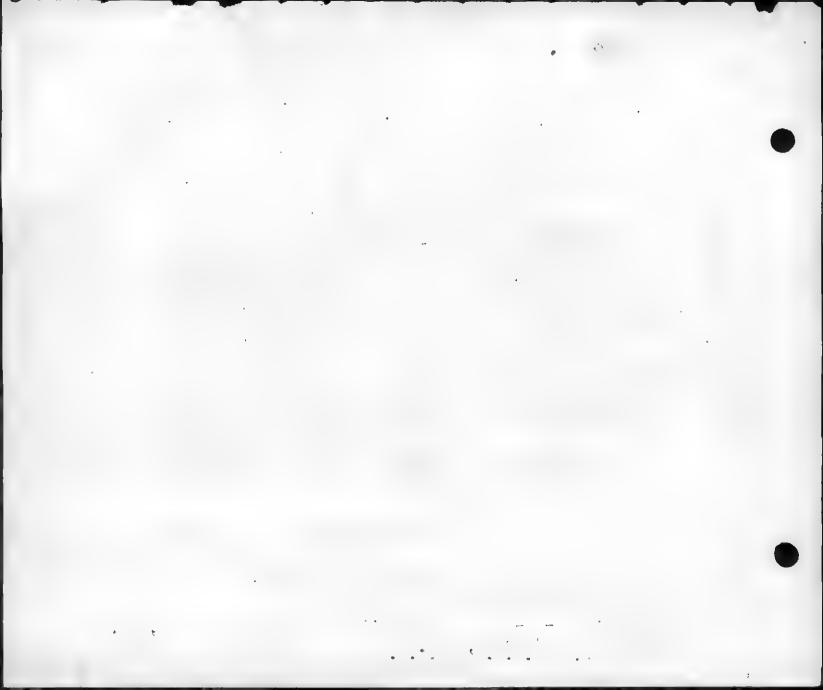


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TO PERMITTE OF ITTENDING PHYSICIN: The law remains that the death certificate be executed within 24 hims after death. Page 4 may be retained by the hispital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peace remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and it any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.	04012			CERTIF	ICATE	E OF DEAT	H			04002
1.	PLACE OF DEATH				1		NCE (Where dec			sidence before admission)
		Magne		MAR	YLAND	B. STATE	( and be	b. COUNT		1 222.08
	b. CITY OR TOWN	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (	If outside cor	porate limits, write		and give nearest town)
	Betw	4200	•	344G		13	8 Tus	5 beck	*	7
-	d. NAME OF HOS	PITAL OR INSTITUTE	)N (if not in hos	spital, give street	address)	d. STREET ADDRES	S			e. IS RESIDENCE ON A FARM?
_	61701	3 bought 6.	1812			(01701	Brai	18101	2/6	YES NO L
3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Month		Day Year
	(Type or print)	Kurur	ince "	* smete	10	KERZ	DEATH	March		21 196L
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED 🔲 8	. DATE OF BIRTH	9.	AGE (In years IF iast birthday)	UNDER 1	YEAR   FUNDER 24 HRS.
1	Emmes.	white	WIDOWED	DIVORCE		2664.30	1901	64 yrs.	ם בועווטו	ays Hours Will.
10. du	a. USUAL OCCUPATI ring most of worki	ION (Give kind of working life, even if retire	done 10b. KIN	ID OF BUSINESS O	R	11. BIRTHPLACE	County & State,	or foreign country)		IZEN OF WHAT
I	- Hou:	sewite.				Califor	nia			SIA
13	FATHER'S NAME					14. MOTHER'S MA	A .			
_	JONZ	EL STOI	VEY			EMMIE	SHA	RRATT		
15 (Y	5. WAS DECEASED É es, no, or unkown)	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S	OCIAL SECURITY N	0. 17.	INFORMANT		Address	7	14 1
_	NO		- 1.2/	6-46-70	79 L	APT, HIN	1.LOK,	ER (See 1	tem	2)
		EATH (Enter only on		e for (a), (b), and (	(c). ]	-1				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		626.0	200	rt # 6	5552	7		10 min
	7-1	DUE								0
	Conditions, If a		(b)	all cine	my	Floor	ナー	N720		201(5)
	cause (a), sta	ating the DUE	10							
z	underlying cause		(c)					~ ^		
CERTIFICATION		IGNIFICANT CONDITION		ING TO DEATH BUT	NOT RELAT	TED TO THE TERMINAL	. DISEASE CONI	DITION GIVEN IN PA	IRT1(a)	19. WAS AUTOPSY PERFORMED? YES NO
ERTIF	20a. ACCIDENT V OR CONTRIBUTION	WAS UNDERLYING DING CAUSE OF DEA	TH 20b DE	SCRIBE HOW INJU	JRY OCCUI	RRED. (Enter nature	of injury in Pa	rt   or Part    of	Item 18.)	
		IFY MEDICAL EXAMI								
MEDICAL	20c. TIME OF U	NJURY Month, Day,	Year 20d. INJ	Not While	20e. PLAD factor	E OF INJURY (Home, y, street, office bldg.,	farm, 20f. ( etc.)	City or town)	(Count	ty) (State)
ME	p.m		at work	at work						
	21. I certify	that (I) (th <del>is</del> hosy	ital) attended	I the deceased I	from 14	446.		3121	اعا 19	that (I) (we) last
		eased alive on	3(20	19 6 %	and that	death occurred at	1一件M, fro			e date stated above.
	22a, SICNATUR	~ 11	7	1		ATTENDING	_MED	STAFF	22b. DAT	TE SIGNED
	22c. PHYSICIAN	aaic tt.	1-07	5,3	M D.	PHYS. LA	DIRECTOR	PHYS.	1(2	164
	NAME (Typ		4554	LEVI	N	X 2-1	8 W	30000	1 d	28.
238	BURIAL, CREMA	ATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LO	CATION (City, town	n or coun	(State)
	Cremati	cify)	1	Cedar H		σ.				
24	FILLERAL DIRECT	TOR .		ADDRESS	ale ale ale	25a. R	EC'D BY REGIS	tland N TRAR 25b. REG	ISTRAR'S	SIGNATURE
5	130 Wis	awler's S	Was Was	H.D.C.		DATEA	R 24 1	966 ACL	ianta	Judat:

VR A15 (4)



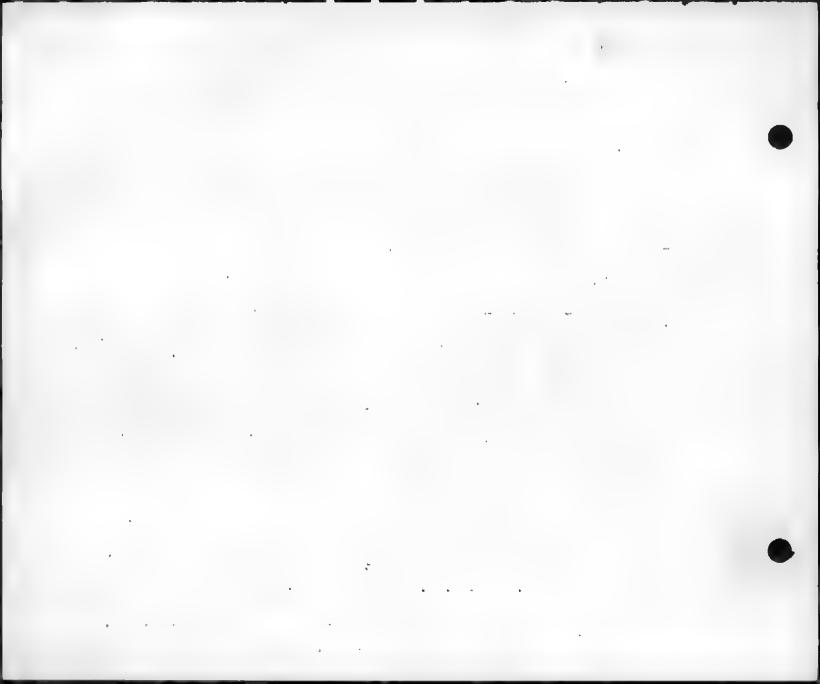
FOR STATE HEALTH DEP DEPT.

O DEPUTY MET CONTINER: This cartificate about de executed within 24 hours after death. If any delay cossary, please execute the certificate, writing the word "pending" in pendil in item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MET

VR A. 5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07040

-		D MEL	JIGAL	EXAMINER	.2	GERIFICAL	E UF U	EATH		14	113
1.	PLACE OF DEAT	Н				2. USUAL RESIDEN	CE (Where dece	ased lived, If insti	tution: Residence	e before at	(nolez land
	Mo	ntgomery		MARYLA	ND	a. STATE Mary	yland	b. COUNT	Montgon	ery	
	b. CITY OR TOW	N (If outside corporate il and give nearest town)	mits,	C. LENGTH OF STAY I		c. CITY OR TOWN (I	outside corp	orate limits, writ	e RURAL and gl	ve neare:	st town)
	WITTE RUKAL	ney		10 hours		Brooke	ville		15	- /	
	d. NAME OF HO	SPITAL OR INSTITUTION (	f not in ho	spital, giva street add	ress)	d. STREET ADDRESS		•		e. IS RES	IDENCE
		ry General Ho	spita	1		% Mali	nda Rus	sell		YES	NO A
3.	NAME OF DECEASED	First		Middle		Lest	4. DATE	Month	Dey	Ye	ar
	(Type or print)	Josep	h	(NMN)		Long	DEATH	Marc		19	66
5.	SEX	6. COLOR OR RACE 7.	MARRIEO [	NEVER MARRIED		3. DATE OF BIRTH	9.	AGE (in years   I Jast birthday)	FUNDER 1 YEAR	Hours	R 24 HRS
	Male		OBWOOLN	DIVORCED		July 23, 1	897 6	B yrs.	nonus Days	Hours	MINI.
10 du	e. USUAL OCCUPATION MOST OF WORK	TION (Give kind of work doni ing life, even if retired)	e 10b. Kr	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (S	itete or foreig	n country)	12. CITIZEN COUNTRY	OF WHAT	
				Unemployed		Tennes:	see		USA	•	
13	. FATHER'S NAM	IE .				14. MOTHER'S MAIL	DEN NAME		,		
	Iss	ac Long				Ida Dei	lanev				
1.	S. WAS DECEASED	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S? 16. S	OCIAL SECURITY NO.	17.	INFORMANT		Address	1		
1		11-2-18 tol-1				Hospit	al Reco	rds			
		DEATH [Enter only one ce	- ' -	ne for (a), (b), and (c).	1,	-2			INTE	RYAL BE	TWEEN
	PART I, DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	W	uto de	a	paraem	ratio	muson	correli	ET AND	OEATH
	1	/ DUE TO	0	/7	. 0		The Contract of the Contract o				
	Conditions, If		-the	Harol		•		0			
	_	Immediate (	0	1/		-1- 1	1 .	2 10			
	underlying cause last. (c) Coronary artery Heart Disease.										
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
CATI	Habella Mellilus - Dilat. Hangrene of flet YES X NO [										
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.										
10		INJURY Month, Day, Year	r . 204 IN	JURY OCCURRED   200	n Di A	CE OF INJURY (Home, f	arm   204 //	Ity or town)	(County)		State)
200	Hour a.		While	Not Whila	facto	ry, street, office bldg.,	etc.)	ity or town,	(Granty)	(-	otato)
ME	p.		at work	at work		best		~~	A-a		
		y that I took charge of		٠. بـــــم			Inspection	- N.		f in my	opinion
	death result	ed from Natural cau	uses 💢	Acsident ,	Sui	cide 💹, Momici		Indetermined r	nanner		
	ACTUAL	12100	/	10	- 6	CHIEF MEDICA		□ _ Mar	ch 4, 19	66	CICHEN
	SIGNATURE	Selaci	1/	1. / yea	45	M.D. ASSISTANT ME	. 4		- 24	. DATE	21.Buch
	EXAMINER'S NAME (Type)	Beldon R. R	Reap,	M. D.		Address (Stree	OUN	Whe:	aton, Ma	ryla	nd _
23		ATION, 236. OATE THE		23c. NAME OF CEM			23d. LOC	ATION (City, tov	n or county)	(SI	tate)
	REMOVALI (SP	1 0/0/00	)	County H	lom			kville,			
24	FUJ ERAL	TORY	1	Rockvill	6	Md . 25a. RE	C'D BY REGIST		GISTRAR'S SIGN	ATURE	
	Tobell	d. Ruswe	ken	~ OCK VIII	,	DAMA	1 1 4 18	166 gcc	iarles &	udge	4
4	-									- 0	



TIMORE, MARYLAND 21201

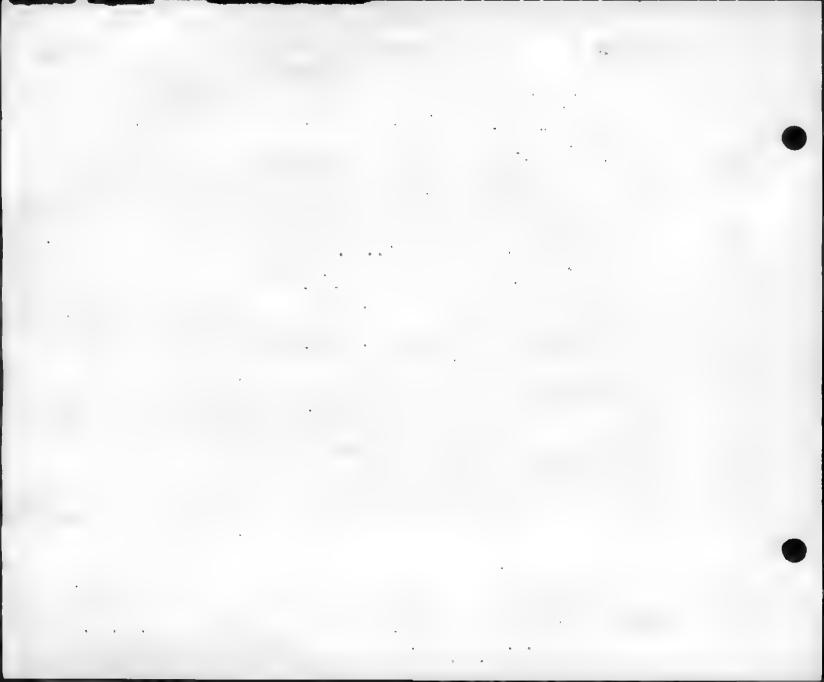
			MAR	YLAND :	STATE D	EPART	MENT OF I	HEALTH
M	Division	of STATISTICAL	RESEARCH	AND RE	CORDS, 30	)T W.	PRESTON STI	REET, BALT
4	09014			CERT	TIFICAT		DEATH	
	1 PLACE OF DEATH	/				2 US	UAL RESIDENCE	(Where decer

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in event, within 72 hours after death

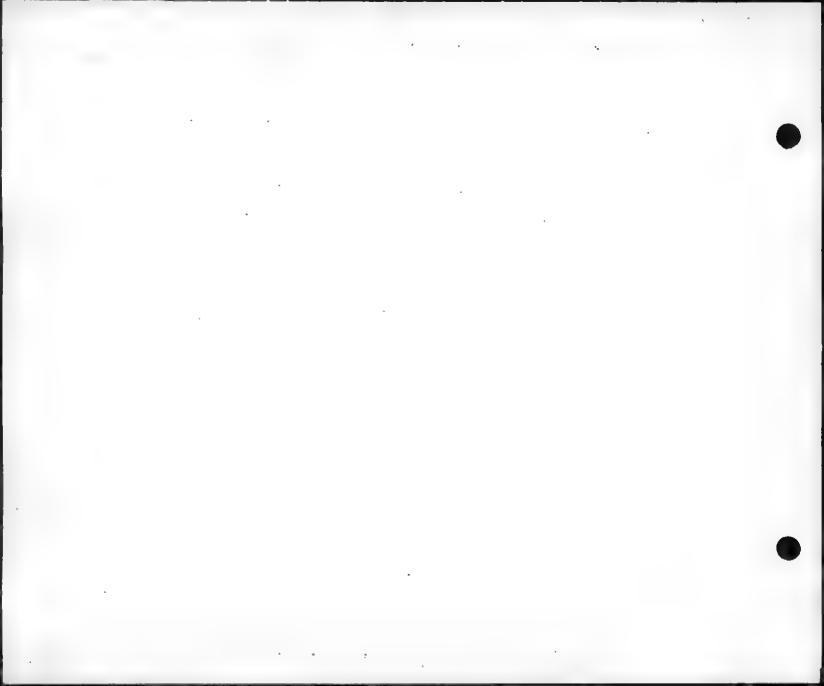
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

DECEASED 7	U4
b CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give necrest town)  d NAME OF HOSPITAL OR NSTITUTION (If not in hospito, give street oddress)  d STREET ADDRESS  e IS RESION AT  ON AT  STREET ADDRESS  f DEATH  IP  S SEX  6 COLOR OR RACE  T MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  TOWN (If outside corporate limits, write RURAL and give necrest town)  or IS RESION ON AT  ON AT  ON AT  F DEATH  P AGE (In years lounder) Year IF UNDER I YEAR I I YEA	on) /
d NAME OF HOSPITAL OR NSTITUTION (If not in hospito, give street oddress)  3 NAME OF DECEASED (Type or print)  5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 19 AGE (In years lost birthday) Months Days Hours  10 US_AL OCCUPATION (G vexind of work done during post of working life, even if retired)  10 US_AL OCCUPATION (G vexind of work done during post of working life, even if retired)  11 BIRTHPLACE (County State, or foreign country)  12 CITIZEN OF WHAT COUNTRY?	
3 NAME OF DECEASED (Type or print)  S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  OF DEATH  19  S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  OF DEATH  19  S OF DEATH  19	>
3 NAME OF DECEASED (Type or print)  S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH PLACE (County & State, or foreign country)  100 US_AL OCCUPATION (6 ve kind of work done during post of working life, even if retired)  2 Etwian Fertz. Co. Out the Carcing of the county of the country of the	
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (in years FUNDER I YEAR IF UNDER 1 YEAR IF	ar Z
Form J.C. White WIDOWED DIVORCED 3/6 State of foreign country)  100 US_AL OCCUPATION (G vexind of work done during most of working life, even if retired)  100 US_AL OCCUPATION (G vexind of work done during most of working life, even if retired)  100 US_AL OCCUPATION (G vexind of work done during most of working life, even if retired)  100 US_AL OCCUPATION (G vexind of work done life in the life in t	66
100 US_AL OCCUPATION (6 ve kind of work done during post of working life, even if retired)  106 KIND OF BUSINESS OR  11 BIRTHPLACE (County & State, or foreign country)  12 CITIZEN OF WHAT COUNTRY?  12 COUNTRY?	R 24 HRS Min
during post of working life, even if retired 1 22 Etwian Fertz. Co. Jouth Carolina . Colintry	
	4.
The months made of the second	
IS WAS DECEASED EVER IN U SAKMED FORCES? 16 SOCIAL SECURTY NO 17 INFORMANT ADJUST ADJU	
(Yes, no, or unknown) (Ill yesty ve wor or dates of service) 945-67-1059 Total	152
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.  ONSET AND	WEEN
IMMEDIATE CAUSE (a) Constitute North Services	KATB
Conditions, if ony, which gove ) (b) Outeroschurata Hypherte meins Wart disease	
rise to immediate couse (a), stating the underlying couse DUE TO	
lost. (c) Unlimer of dischels	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUT PERFORM YES   YES	OPSY NO 🔀
PERFORM YES   200 ACC DENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port i or Port II of Item 18.)  30c CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour o.m. 20f (County) While Not While foctory, street, affice bldg., etc.)	(Stote)
pm. 19 of work 🗀 of work	<u> </u>
21. I certify that (I) (this haspital) attended the deceased from 1844, 1932 to 3-//, 1946, that (I) (saw the deceased alive an 3-// 1946, and that death accurred at 32M, from causes and an the date state	
220. SIGNATURE / Q MI ATTENDING MED STAFF 22b. DATE SIGNED	
22c. PHYSICIAN S  22d. ADDRESS  22d. ADDRESS	
NAME (Type) SARAH E. GLOVER 10128 CEDAR LANE Kensing Ton	md
Bremoraus Grand Constant Const	itote)
Burial 3/14/66 Rock Creek Cemetery Washington, D. C.  24 FUNERAL DIRECTOR The S. H. Hines COORESS 250 RECO BY REGISTRAR 2 256 REGISTRAR'S SIGNATURE	
Washington, D. C. DAMAR 14 1966 Judge	-



Items 18-21 Film G376 5/1MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY PM3 Poge a deoth. NONTO-DINERY
ATY OR TOWN (If outside corporate Vm ts MARYLAND MONTGOMERI delay c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c, LENGTH OF STAY IN 16 write RLRAL and give nearest town) SILVER 5PRING d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMA haurs 8722 MANCHEST State ( WASHINGTON SANIT PRIVIT NO R Item 18. Give Pages executed within 24 hours ofter death lang with 3. NAME OF DATE First Last Month Year DECEASED the within 19 6 6 (Type or print) DEATH F UNDER 24 HRS 5. SEX DATE OF BIRTH 9 AGE (in years F UNDER 1 YEAR 7 MARR ED NEVER MARRIED last birthday) Months 3-09-08 event KIND OF BUS NESS OR 11 B RTHPLACE (State or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY УПО TEACHER in pencil in Chief Medical Examiner's podes 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME File gnd WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (son) permit. (Yes, no or unknown) ( fives give war ar dates of service removal, 210-10-7012 John B. Lyons-2212 Colston Dr IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c).) Silver burial-tronsit PART I DEATH WAS CAUSED BY Massive subarachnoid hemorrhage 5 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUE TO Conditions if any, which gave due to ruptured intracranial aneurysm use to immediate couse (a), **DUE TO** stating the underlying couse 0 forwarded used os burial, c last. WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, NO 0 pe 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of term 1B) designoted agent, prior plnoys PRIMARY 20 or CONTRIBUTING -4 should Deceased fell in bedroom at home injuring head MEDICAL EXAMINER: CALSE OF DEATH 20c TIME OF INJURY Month Day Year 20d NULRY OCCURRED 20e PLACE OF INJURY (Hame, form (City or fown) (County) 5: O'CHOU KAK factory, street, office bldg , etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Poge at wark 19 66 Silver Spring Montg. Md. Poge at wark 21. I certify that I taak charge of the remains described above, help on Autopsy Inspection 🔀 and in my apinion Accident WA the funeral director. Natural causes Hamicide Undetermined marner CHIEF MEDICAL EXAMINER 22. DATE SIGNED **SIGNATURE** O DEPUTY TO FUNERAL Health or i **EXAMINER'S** forum, or county) NAME (Type) BURIAL CREMATION 23b DATE THEREOF CEMETERY OR CREMATORY 23d LOCATION (City or Town Burial (Specify) 3/25/66 Gate of Heaven Silver Spring 250. REC'D BY REGISTRAR DAIMAR 2 4 15 ADDRESS 24. FUNERAL DIRECTOR 1331 Rockville Pike, Rock. 1966 VR A15ME (5) 6M 1/66



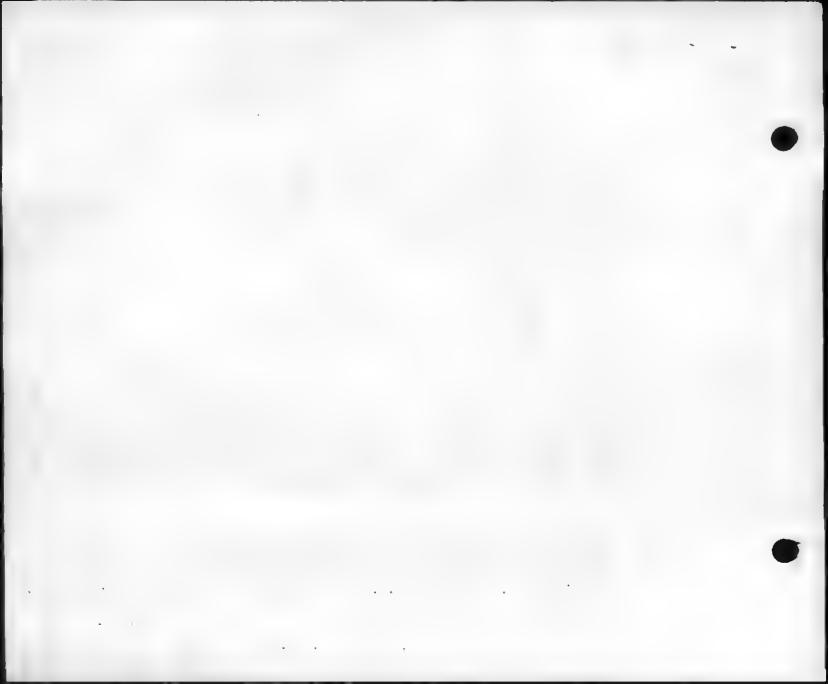
	MARYLAND STAT	E DEPARTMENT OF HEAT	TH
Division of STATIS	TICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201
It	em 14 Film 35.2.	4/1/00 Int	·

1	Item	14 Film 13 ( ) 4/	L'ob Lin	, DALIMORE, MARTER	ND 21201
	04916	CERTIFICATE	OF DEATH		04006
	1. PLACE OF DEATH O. COUNTY MONTGOME	RY MARYEAND	2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution b. COUNTY	: Residence before admission)
	b CITY OR JOWN (If outside corporate limits, write RIRA, and give nearest town)	Thes. Homin	CITY OR TOWN (Fourts)	de corporote limits, write RURAL	and give nearest town)
	d NAME OF HOSPITAL OR INSTITUT ON (IF not in	hospital, give street address)	d STREET ADDRESS	elker, ave	e IS RESIDENCE ON A FARM? YES IN NO IN
ŀ	3 NAME OF DECEASED (Type or print)  Christine	Middle M	lost	4 DATE Month OF BEATH	- 26 19 66
	S SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED E	2-1-1914	9 AGE ( n years	FUNDER 1 YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Min.
	190 USUAL OCCUPATION (Give kind of work done dumos most of work og lite, even firet red)	106 KIND OF BUSINESS OR INDUSTRY	H BIRTHPLACE (County & )	State, or foreign country)	12 CT ZEN OF WHAT COUNTRY?
	13. FATHERS NAME  BLISS Varia	EnHeuvel	14. MOTHERS MAIDEN NA Henere	. //	
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no) or unknown) (If yes give wor or dotes of ser		Hilda You	ng-claughter	- gaithersburgm
	18 CAUSE OF DEATH (Enter only one couse pr PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	er line for (o), (b), ond (c))  Myocardial Infardt	ion Recent		INTERVAL BETWEEN ONSET AND DEATH Suddon
	Fooditions of any which gave >	Corenery ecclusies			
	stoting the underlying couse (c) DUE TO	Coronary Antonio	Saleresia		Years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury an Po	rt I ar Port II of Item 18.)	*
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		TOF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that (I) (this hospital saw the deceased olive an		t deoth occurred at	$\frac{13}{2}$ to $\frac{3}{2}$ / $\frac{2}{4}$ M, fram causes an	, 19 C +thot (I) (we) last id on the dote stoted above.
,	220. SIBNATURE	ceal Mi	PHYS. D	ED STAFF PHYS	22b. DATE SIGNED 3/2C/CC
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no/. Loal	22d. ADDRESS LA		red (
۸	230 BURIA, CREMATION, 236 DATE THEREO 3/29/1	6 St Nove	-	Lathurfur	& monty mel-
	Brush B-Jar	heer, gaithers	rechi DILLO	00 4000 mi	STRAR'S SIGNATURE
			IVIAIN	1000 m	// //

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regions carbon popers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and it can within 72 haurs after decay. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04316	CERTIFICAT	E OF DEATH		04008			
		PLACE OF DEATH		2 USUAL RESIDENCE (When	e deceased lived, if institut an Resid	ence before odm ssion)			
		MONTGOME	RY MARYLAND	MARYI	and IXIC	NIGOMEKU			
	į	b CITY OR TOWN (If outside corporate limits, write RURAL and give neares) tawn)	C. LENGTH OF STAY IN 16	c CITY OR TOWN (if aufts de	carparate limits, write RURAL and g	ive negrest town)			
		DETHESOL	2 19days.	2/	LUER JARI.	B IS RESIDENCE			
	(	d NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, give street address) /	d STREET ADDRESS	2500 - A	ON A FARM?			
	3 1	NAME OF FIRST	st Middle	Lost 4	DATE Manth	Doy Year			
	E	DECEASED (Type or print)	PTRUCE C	MAO	OF MARCH	11 19 66			
	5 5		7 MARRIED NEVER MARRIED	8 DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS			
		F W	WIDOWED DIVORCED	3-20-190:	5 60 yrs manths	Doys Hours Min			
-1		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b KIND OF BUSINESS OR +NDUSTRY	11 BIRTHPLACE (County & Sto		CITIZEN OF WHAT OWNIRY? 11118			
5	3.	FATHER'S NAME Harve	y Chen	14 MOTHER'S MAIDEN NAM	Jowe .				
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?" is, pg, or unknown) ((If yes give war or dates of	conven)	INFORMANT	Address	46			
	(10	No	None E	iward K. Mao	, Same as It	em #2 above			
		18. CAUSE OF DEATH (Enter only one couse PART 1 DEATH WAS CAUSED BY	MYDRADA.A. 1 1.00	ARCTION. Re	CENT AND DLD	INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (a) POTO CANONIA L LANG-MIZET TON, RECENT AND CLIS								
		Canditions, if any, which gave	TYRS						
		rise to immediate cause (a), Substitute of the stating the underlying cause DUE T	10		0	7 1/2-			
		lost.	4) ATHORO PCLEROSIS	GENERALIZE		19. WAS AUTOPSY			
	O.N.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
	FIG.	200 ACCIDENT WAS UNDERLYING	205 DESCRIBE HOW INJURY OCCURRED	/ Cates active of Jainey to Dest	Los Port II of Jan. 101	YES NO			
	CAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)							
	MED C	20c. FIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	20f. (City or town) (C	aunty) (State)			
			ottal) attended the deceased fram			GC, that (I) (we) las			
		saw the deceased alive an M	1ARCH 10 1966, and th	at death accurred at		the date stated above DATE SIGNED			
1		20 SIGNATURE & Gran	ele-	A.D PHYS MED	CTAFF	R. 11, 1966			
		22c. PHYSICIAN'S	Co.	22d ADDRESS	1113	, ,			
		NAME (Type) Dr. Rob	ert G. Angle	5009 Del	Ray Ave. Beth	esda, Md.			
	23e	BUR AL, CREMATION, 23b. DATE THER	REOF 23c. NAME OF CEMETERY OF		23d LOCATION (City or Town)	(County) (Stote)			
	0.5	SEMOVA SPEWII ab 14-1	966 Rock Creek		Washington.	D. C.			
	24	JUSA DIRITORGAWIETS	Sons, Interess	2Sa REC'D BY		SIGNATURE CO.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bural-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, VR A15 (4) 20 M 1/66

TO NOSMITAL OR ATTEMBING NYSICIAM: The law requirem that the death certificate be executed within 24 Maurs after death.

Page 4 may be retained by the haspital ar attending pillysician.

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MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

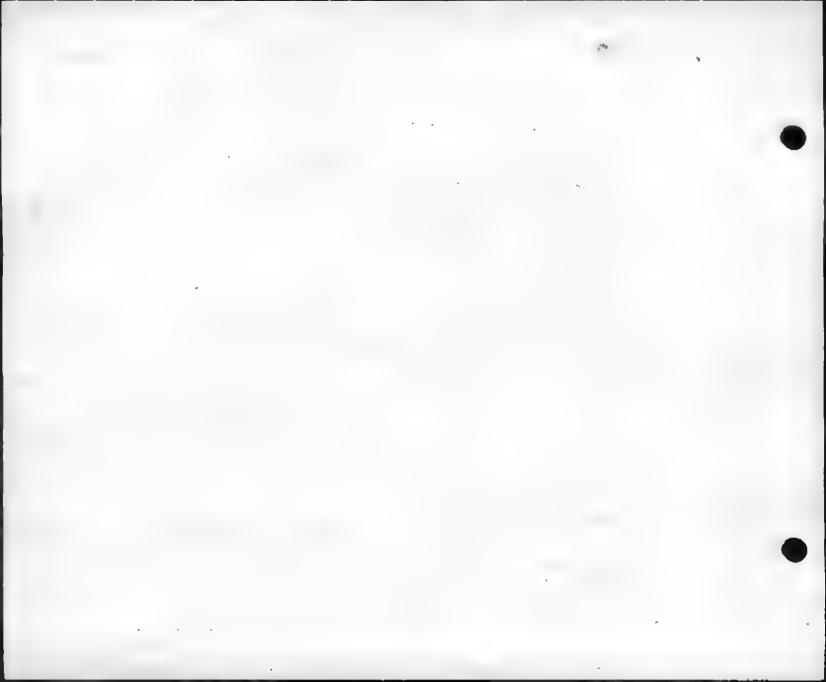
		DIVISION OF STATISTICAL RESEA	Kell AND RECORDS, 501		LET, DREITHIONE, MANTE	AND 11201				
1		04019	CERTIFICATE	OF DEATH		04009				
		PLACE OF DEATH D. COUNTY		2 USUAL RESIDENCE (	Where deceosed lived, f instituti b. COUN					
	_	D C TY OR TOWN (If out de corporate limits	MARYLAND C LENGTH OF STAY IN 1b	CITY OR TOWN (IF or	utside comporate limits, write RUR	Al and alve negrest town)				
		RURAL and give nearest town)	3/0	2/2-6	Jiside Corporore Illinis, write Kor	At and give nearest rawny				
	-6	NAME OF MOSPITAL OR INSTITUTION (If not in hospitol, g	or to Mas.	d STREET ADDRESS	Town _	T e IS RESIDENCE				
`		Suchurhan	11001 00000207	6817 8	Corgin a	ON A FARM? YES NO				
		NAME OF First DECEASED (Type or print)  Carre	Middle	lost	4 DATE Mont	Doy Year 29 66.				
	S		NEVER MARRIED   B	B. DATE OF BIRTH	9 AGE (in years	FUNDER 1 YEAR   IF UNDER 24 HRS				
		1- WESTE WIDOWED	DIVORCED	12/14/0	3 lost birthdoy)	Months Doys Hours Min				
			O OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT				
	duri	ng most of working life even if retired) INI	DUSTRY	wash.	De	COUNTRY?				
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME					
		unknown		Berth	a Brusche	lle				
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S s, no, or Linkhown) (If yes give wor or dotes of service)	OCIAL SECURITY NO 17.	NFORMANT	Addre	5 9272 adelphe				
	110	The ur	known 54	dia m /x	ichride Ra	ed. aclelphi m.D				
		18. CAUSE OF DEATH (Enter only one couse per line for PART 1 DEATH WAS CAUSED BY	(o) (b), ond (c))	146	haso	INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE (o)  DUE TO  A 4 4 3 X  DUE TO								
		Conditions, if ony, which gove ) (h)	resteringe (	andis-vas	unlar disea	ice 10 yrs				
		rise to immediate cause (a), stating the underlying cause DUE TO								
		last (c)								
	22	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
А	ATIO					YES NO NO				
	CERTIFICATION		CRIBE HOW INJURY OCCURRED (	Enter noture of injury in	Port 1 or Port II of item 18)					
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	and the state of t		E OF INJURY (Home, formants) for the street, office bldg, etc.		(Stote) (Stote)				
	ME	Mour o m. Whee p.m. 19 ct work		ny, siteer, office blog , etc	'					
		21. I certify that (I) (this haspital) attend	led the deceased fram		1966, to 3/29	, 1966, that (I) (we) las				
		saw the deceased alive an 3/29	19 <u>66</u> , and that	death accurred at	M, fram causes	and an the date stated above				
		220. SIGNATURE	folle M.D	ATTENDING	MED STAFF	22b. DATE SIGNED				
1		22c PHYSICIAN'S	Toller M.D	22d ADDRES	DIRECTOR L PHYS. L	J 21/00 Vng				
		NAME (TYPE) RICHARD H.	POLLEN	10511	SUMMIT AVE	LEUSINGTON				
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or To	(County) (Stote)				
		Byrian 2 April 1966	Cedar Hill C	Cemetery	Suitland, M					
0	24	FUNERAL DIRECTOR	ADDRESS AC 200	/2 250 RFC	D BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE				
] ]	-		D \37 /	· LouAl	1966 10	carley Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in pages int, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

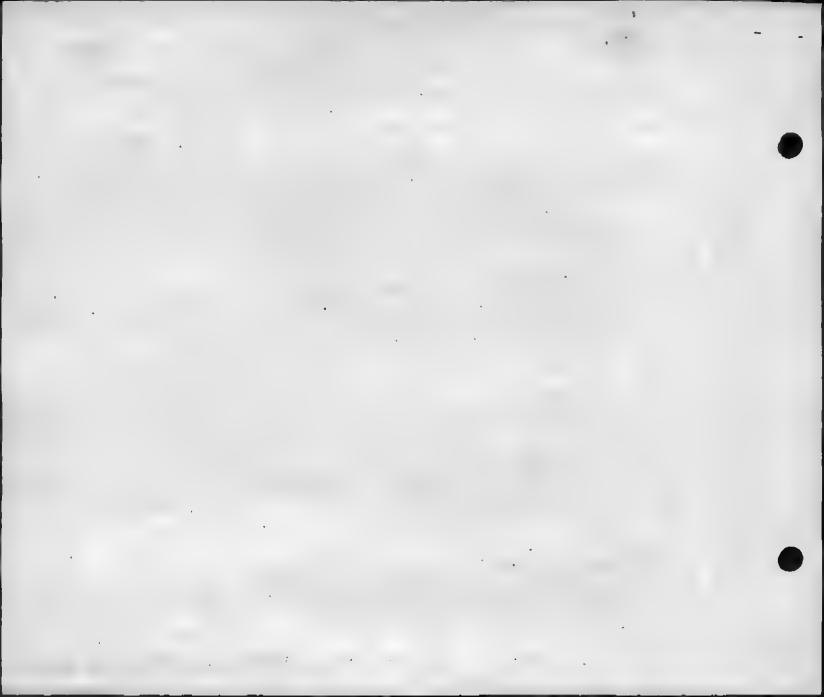


ARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution, Residence before edmission) . COUNTY b. COURTY by the and 2 death. Montgomery MARYLAND Montgemery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give neerest fown) 2. Potomac Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Potomac Manor Brookeway NO FE YES T completely 3. NAME OF paper: Middle Month Day Year DECEASED Uarda В. (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED DATE OF BIRTH MGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS (ast birthdey) Months Cauc. WIDOWED-J-DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY or foreign country done during most of working life, even if retired) physici USA Housewife Home 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Myra Dailey Chester E. Bryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5100 Brookway Dr. (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Robertson Bethesda, Md permit. 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if env. which gava rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PERFORMED? CERTIFICATION NO X prior 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) ched for Health pr IIF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Slete) factory, street, office bldg., etc.) While Not While DIRECTOR: A et work et work 21. I certify that (I) (this hospital) attended the deceased from..... 19.4. and that death occurred at. State M. from the causes and on the date stated above. saw the deceased alive on 220. S GNATURE ATTENDING PHYS. DIRECTOR M.D. page with t FUNERAL 22c. PHYSICIAN'S ADDRESS NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 230, BURIAL, CREMATION, 236, DATE REMOVAL (Specify) urial-Transit Kirkwood Cemeterv London ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) Bethesda. 20M S-63

certificate

HOSPITAL

Page



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAM. ER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution Residence before ed historial) ry is necessary, I director. Page for your files. e. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 || c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your f Department death. write RURAL and give nearest town) Olney Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE thin 24 near.
Give Pages 1, 2, and 3 to me.
Give Pages 5 may be retained form PM3. Page 5 may be retained for File pages 2 and 2 with the State D. File pages 2 after 4 file pages 2 file 7 2 hours after 4 ON A FARM? YES NO X 3. NAME OF 4. DATE Middle Lest Month Yaar DECEASED OF б GEORGE R. MARSHALL 66 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years 1 IF UNDER 1 YEAR IF UNDER 24 HRS. Male last birthday) | Months | Days Hours MID. Colored WIDOWED [ DIVORCED 41 yrs. 1 Within 24 hours after 18. Give Pages 1, 2, h form PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) **USA** Montg. Co. Sch.Brd. Custodian Olney 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Marshall Lulu Bowie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address in Item 18. permit. (Yes, no, or unkown) | (If yes give war or detes of service) pue with Brother-Joseph Marshall: Olney. Md. IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] removal, INTERVAL BETWEEN Office along burial-transit along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple extreme internal injuries with in pencil IMMEDIATE CAUSE (a) DUE TO 6 massive secondary hemorrhage. Conditions, if eny, which (b) d "pending" i Examiner's O e used as a b cremation, gave rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN ALD ISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY should be u EREORMED? the word Medical NO · 205, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18 1 20e. EXTERNAL CAUSE WAS PRIMARKIN OF CONTRIBUTING Deceased, driver, in head-on collision with another ure the certificate, writing the forwarded to the Chief Man DIRECTOR: Page 3 ships designated agent, prior to motor CAUSE OF DEATH. vehicle. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stelle) lectory, street, office bldg., etc.) VED While Not While please execute the certificate, was should be forwarded to the DECIOR: Parellel or its designated agent 166 el work at work X Street Silver Spring Montg. 21. I certify that I took charge of the remains described above—he d an Autopsy aspect on Inquiry 🔀 and in my opinion death resulted from: Natural causes Undetermined manner Homicide CHEP MEDICAL EXAMINER March 7, 1966 SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Belden R. Reap, M. Address (Street, city town, or county) Wheaton, Maryland NAME (Type) 4 shoul
O FUN
Health please 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL CREMATION | 22b, DATE THEREOF (State) PEMOVAL (Specify) in MUNERAL D RECTOR REG D BY REG STRAR | 24b, REG STRAR'S S GNATURE VR A15ME 5M 1/62

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EXAMINER:

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) COUNTY MARYLAND mon CTY OR DOWN (If outside sorporote limits, CITY OR JOWN (If outs de corporate limits, write RURA, and give nearest Joyn) c LENGTH OF STAY IN 1b write RURAL and give represt town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO K NAME OF First 4 BATE Month DECEASED (Type or print) DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE ( n years alast berthdov Davs WIDOWED DIVORCED 10a LSLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Juka Harafuns-12 CITIZEN OF WHAT during most of working life, even if retired) COJNTRY? america Viniversi GCBEL FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Tes, no, ar unknown) (If yes give wor of dates of service CAUSE OF DEATH (Enter on y one couse per tipe for (o), (b), and (c) ) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO labeles Melli NO 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldq., etc.) While Not While 21. I certify that (1) (this haspital) attended the deceased fram. 1966, and that death accurred at 454 M, fram causes and on the date stated above. saw the deceased alive an 220 SIGNATURI DIRECTOR PHYS. 22c PHYSICIAN'S BURIAL, CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote)

by the funeral Pages I and

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signed by the bur al-transit burial, cremati

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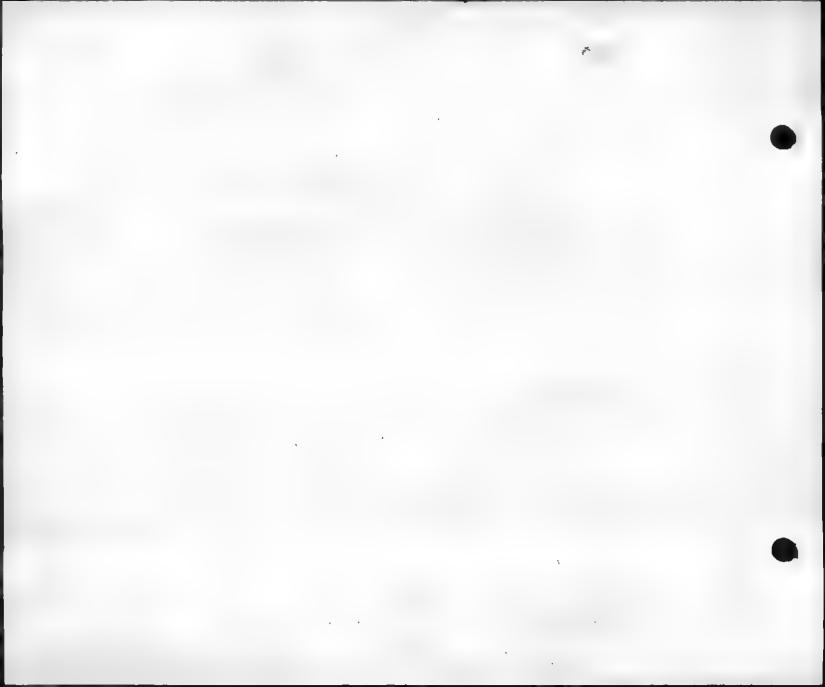
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TO FUNERAL DIRECTOR: After

Page 4 may

directar, page 3 should should be filed with the

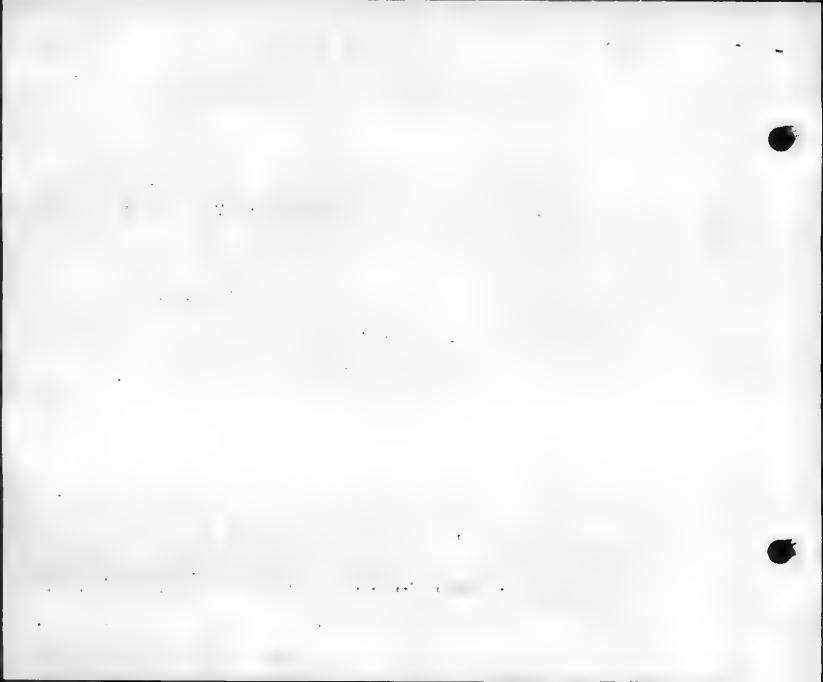
TO HOSPITAL OR ATTENDING



M)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
The E	04024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04014
	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admit a, STATE  b, COUNTY  c, STATE
	Maryland Maryland Howard
	write RORAL and give nearest town)
-	d. NAME OF HOSPITAL ORANSTITUTION fill not in hospital, give street eddrass)  d. STREET ADDRESS  d. STREET ADDRESS  (a. IS RESIDI
	Holy Cross Hospital Doughoregan lanor YES NO
3	NAME OF First Middle Last 4. DATE Month Day Year
	(Type or print) Bobby Lee Mathews DEATE March 30 19 6
5	SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24
4	March 30, 1966 VIII.
1	Ob. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country)
1	NONE Mary 12 Md
	Herman Perry Mathews Mary Ellen Brown
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? / 16. SOCIAL SECURITY NO. 1 17. INFORMANT
ľ	Yes, ne, or unkown) (Ifyesgive war or deles of service)  Fether  As aboute
	18. CRUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c) )
	PART I. DEATH WAS CAUSED BY,   Pulmonary atelectasis; Diaphragmatic
Г	DUE TO
	Conditions, if eny, which abdominal contents in left chest.
	(a), stating the underlying DUE TO
2	[6]
CERTIFICATION	PERFORM YES STO NO
RTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.)
_	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Ste Hour a.m. While Not While Not While Steepers, street, office bidg., afc.)
×	
	21. I certify that I took charge of the remains described above, field an Autopsy N, Inspection N, Inquiry and in my opin death resulted from: Natural causes N. Accident N. Sylicide N. Homicide N. Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE SIGNATURE DATE BIGNI
	DEBUTY NEDICAL EXAMINER KI TO
	NAME (Typa) QELDEN R. LEAP MID, Address (Street, city, Toker, br county) // LLUCCH 20, 176
22	22. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Shala)
2	Burial 4-1-1966 Family Tazwell Virginia 3. FUNERAL DIRECTOR ADDRESS 1240. REC'D BY REGISTRAR'S SIGNATURE
1	F.C. Higinbothom, Ellicott City, Md APR 1 1966 Killsonles Judge
_	I/DATE I IOOU



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH furieral, death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages after after Montgomery Pennsvlvania MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b completely filled in by ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) hours 9 days Sharon Bethesda e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO X The Clinical Center, Bethesda 14, Maryland Service Avenue executed within 3. NAME DE Month First Middle DECEASED DEATH 19 66 (Type or print) Charlotte Mathieson March Grace AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and con 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Days any 16 September 1913 Female DIVORCED White WIDOWED 6 attending physician a ermit. Then dease re on, or removitivend in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be COUNTRY? Unknown USA Secretary Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Byron Hodgson Minnie Moon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record as been signed by the atten as the burial-transit permit. prior to burial, cremation, or 211-07-9627 The Clinical Center, Bethesda 14 Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the or attending physician. I hour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sub-arachnoid hemorrhage DUE TO Conditions, if any, which 2 days (b) Gram negative septicemia gave rise to immediate DUE TO (a), stating the (c) Acute Lymphocytic Leukemia 2 years underlying cause last. 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p certificate PERFORMED? YESXX NO T OR ATTENDING PHYSICIAN: be retained by the hospital 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept. of MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. While Not While at work L at work 21. I certify that to (this hospital) attended the deceased from March 19 66 to March 16, 19 66, that TO (we) last 66, and that death occurred at 8:15M, from the causes and on the date stated above. saw the deceased alive on March 16. 22b. DATE SIGNED SIGNATURE 22a. ATTENDING 16 March 1966 M.D. PHYS. Page 4 may | PHYSICIAN'S The Clinical Center. National Herman A. Godwin, Jr., M.D. Institutes of Health, Bethesda, Md. 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial-transit 3-16-6 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 3-16-66 Hillcrest Mem. Park Mercer County. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Bethesda, Maryland PUMPHREY Charles VR A15 (4) 15M 4-64



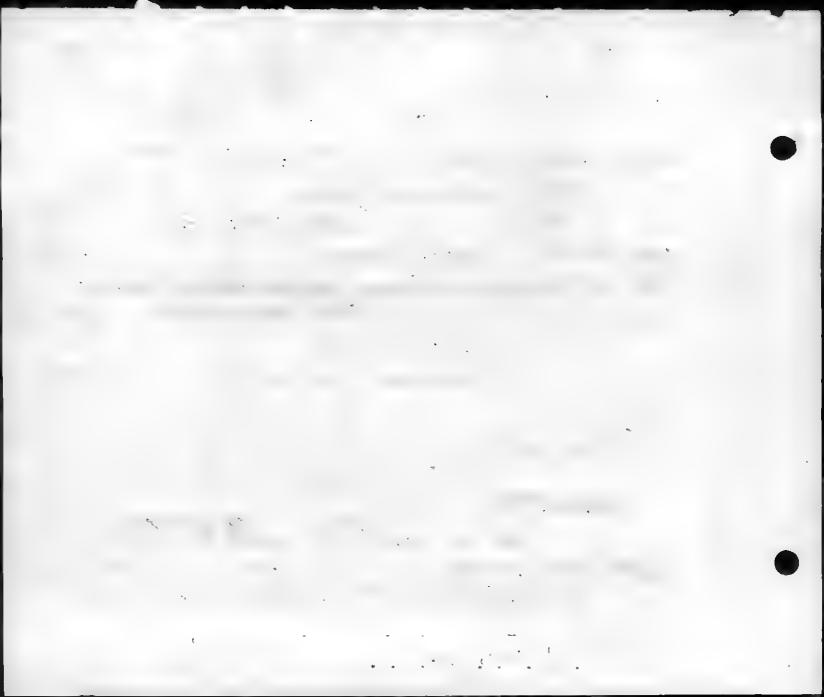
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after depting TO MODERITH OR STRENDING PRESSION. The law requires that the death certificate be executed mithin 24 hours after menth.

[Reg. 4 may \*\* retains by the Nompital or attending plysician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	OHOMO		OLKITTICA	IL OF DEATE	1		$\alpha_{\rm A}(1T0)$	
1.	PLACE OF DEATH a. COUNTY	0	1		CE (Where deceased I		Residence before admissi	ion)
1	antone	Vr1/ ( 11112	MARYLAND	a. STATE		b. COUNTY	Acouser	
-//	b. CITY OR TOWN (	if outside corporate limits,	c. LENGTH OF STAY IN 1	C. CITY OR TOWN (II	outside corporate	Ilmits, write RURAL	L and give nearest toy	wn)
	write RURAL an	d give nearest town)	9 Vus	1Nachung-	1 7,7			
_	d. NAME OF HOSPI	TAL OR INSTITUTION (if not it	n hospitai, give street addres	s) d. STREET ADDRESS.	100,11.		e. IS RÉSIDEN	NCE
1/3/	and Tuli	11/11 TOV	VACA	6600 Tul	p H1/27	arracd	ON A FARM	1?
2.60	NAME DE	1411/160	400	Wash	16 P.C		YES NO	_
3	DECEASED (Type or print)	Mary First	dwing Asci	Last	4. DATE DF DEATH	Month  A1ar	Day Year 25 1966	6
5.	SEX 6	COLOR OR RACE   7, MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		(In years   IF UNDER		
	1-	WIDOW		A4931.19	906 P	birthday) Months	Days Hours Mi	in.
10a	. USUAL OCCUPATION	N (Give kind of work done   10b	. KIND OF BUSINESS OR	11. BIRTHPLACE (C	county & State, or force	yrs.     eign country)   12. C	ITIZEN OF WHAT	
dur	ing most of working	life, even If retired)	INDUSTRY	cal - 114	- h	CI	OUNTRY?	
<b>1</b> 3	FATHER'S NAME	- MET	19764 STECIUC	14. MOTHER'S MAII	DEN NAME		413111	
	Patrick	1 Author	All attain	Month	Hannie	of when	La	
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.   17	INFORMANT	MATTE	1 VYECK		
(Ye	s, no, or unkown) (II	f yes give war or dates of service)		istre Marg	avettati	1010	CAMPACEL	/
	NO	(	11/04 4/00	remary	47 ( 7 ( 7 )	727 4	tirest as a fait	1
		ATH [Enter only one cause pe	er line for (a), (b), and (c).]	/ '			INTERVAL BETWEE	H
		M WAS CAUSED BY: MMEDIATE CAUSE (a)	alnutriz	10H				_
	- *	DUE TO /D		C 1.	1		Aprox	
	Conditions, if any		rcinoma	of Ovar	105		2 Vr5	
Ш	gave rise to lm cause (a), stati			/				
	underlying cause I							
NO	PART IL OTHER SIGI	NIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPS	SY
CA1	(nrc)	inomatos	10				YES TO NO	
1	20a ACCIDENT WA	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in Part I or	Part II of Item 18	(1.)	-
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH Y MEDICAL EXAMINER)	•					
Ä		URY Month, Day, Year   20d	. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, fa	arm. 1 20f. (City o	r town) (Cor	unty) (State)	)
MEDICAL	Herristal	1 65 MAELS Whi	ile Not While fac	ctory, street, office bidg., e	itc.)	,		
Σ	21 I costifu t	hat (I) (this hospital) atte		4110 1	964 to/12	15 25 10/2	6, that (I) (we) is	ant.
		ised alive on Mar 2	A //	nat death occurred at 2	1-1			
	22a. SIGNATURE	sed anve one 27 Per	1. 1. 1. 1. and the	iat ucatii oocoireu gi	AND TONK THE		ATE SIGNED	46"
	1901	(A) Mes.	Den.	ATTENDING PHYS.	MED. ST DIRECTOR PH	AFF 25	mas.66	
	22c. PHYSICIAN'S	and the second	/	22d. ADDRESS	DIRECTOR L Ph	13.	1111111111	—
	NAME (Type	Earl D. Nes	sten M.D.	4-715	11955.1	tre. N.	w,	
23a	. BURIAL, CREMAT	ION   23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATIO	N (City, town or co	unty) (State)	0
	Removal (Specification)				-			
24	. FUNERAL DIRECT		ADDRESS	1 25a. RE	Heno	Nevada 256. REGISTRAR	'S SIGNATURE	_
Vo.	seph. Jaw	ler's Sons.	Inch Da	1///	7 9 4000	Och	0.0.00	
Lb	130 Wisc	AVE N.W.	Masu. D.O.	I DAMEAL	1 6 0 1356	1	of the same	

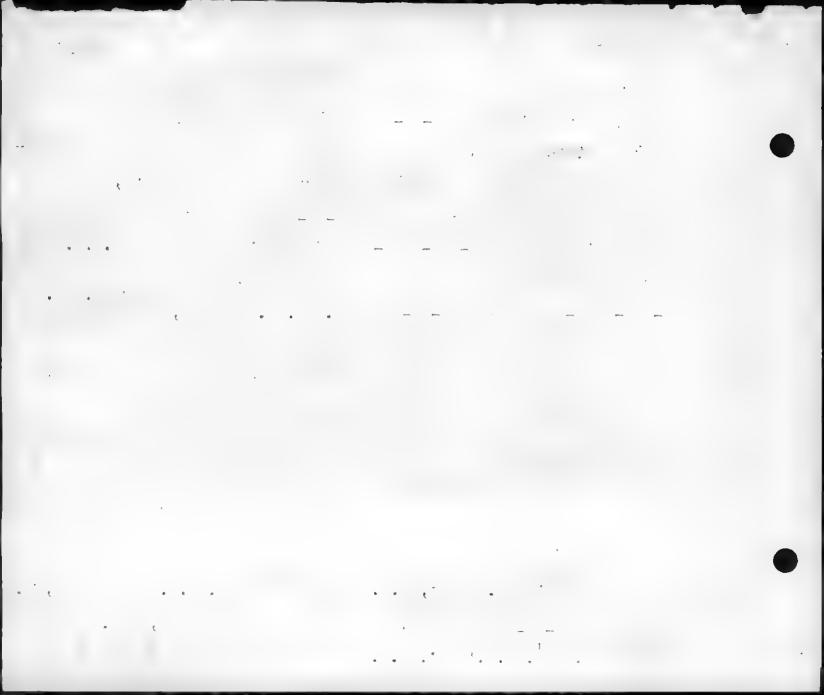
VR A15 (4) 20M 1/65



executed within 24 hours after death. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

			MARYLAND ST	TATE DEPA	ARTMEN	IT OF H	EALTH			
	DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS, 3	301 W. PR	RESTON	STREET,	BALTIMORE '		
)!	1027		CERT	IFICATE	OF DE	EATH			04017	1

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1, PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLAND	Maryland Montgomery
b. CITY OR TOWN (if outside cornerate limits c. LENCTH DE STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Westmoreland Hills -	Westmoreland Hills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
5324 Portsmouth Road	5324 Portsmouth Road YES ND ND
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Sue Cook Mc	oclure Death March 23, 1966
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
Female White WIDOWED DIVDRCED	2-14-1893 73 yrs.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT COUNTRY?
during most of working life, even if retired)  Housewife	Missouri U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ernest Cook	Julia West
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address Road. Md.
223-05-0769 I	Dr. Wm. W. McClure, 5324 Portsmouth
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ch serviced color ONSET AND DEATH
THE PINTE WOOD (8)	
Cenditions, If any, which	ree Lestara VR.
gave rise to Immediate	
cause (a), stating the DUE TO underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TR.	PERFORMED? YES \ NO \
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Sales (Enter natary of injury in rule vol volvivos recon 200)
20c. TIME DF INJURY Month, Day, Year 20d, INJURY DCCURRED 20e. PLI facts	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19   at work   at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital)_attended the deceased from	afiel 1965 to 3/23, 1966, that (1) (we) last
saw the deceased alive on 3/2 190/, and that	at death occurred at 1 124 M, from the causes and on the date stated above.
22a, SIGNATURE	22b. DATE SIGNED
M. reorls M.	
1 22c. PHYSICIAN'S NAME (Type William B Modes M.D.	1835 Eye St. N.W. Washington.DC.
WILLIAM *** 1100 60 110 De	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETER	and the state of t
Removal 3-25-1966   Hollywood	
24. EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5130 Wisc. Ave. N.W. Wash. D.C.	DAMAR 28 1966 Clianter Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) Montgomery b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrest fown \_⊆ Silver Spring | 1 year Pages Washing ton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? letely apers. 72 hoi Chevy Chase Nursing Home YES NO 2801 Quebec St. 3. NAME OF DECEASED DATE Middle Month OF 0 0 (Type or print) DEATH Lillian M. McDevitt and curr March withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female DIVORCED Oct. 31. 1876 White WIDOWED [ 89 Physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Clerk - Retired S. Govt. Kansas U.S.A. please. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McDevitt Mary Jane Young Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT Address 2801QuebecNW. (Yes, no, or unknown) | (Ifyes give we cor detes of service) no Miss Marie McAlear Wash. D. C. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: has been signed to burial-transit p IMMEDIATE CAUSE (e) tic Coronary artery Deserve severa Conditions, if any, which geve rise to immediate cause DUE TO (e), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? use prior NO X for 200. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) R: After this detached for Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, form, ) Month, Day, Year (State) ō factory, street, office bldg., etc.) While Not While ä el work et work DIRECTO SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL page with t FUNERAL DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS filed v NAME (Type) death.
TO FUT
director
be filed 238, BURIAL, CREMATION, 1236. DATE THEREOF 23c. NAME OF CEMETERY BOXCHEMPTORK 23d. LOCATION (City, town or county) REMOVAL (Specify) March 15. 1966 St. Mnn's Providence, R. 24 FUNERAL DIRECTOR'S SIGNATURE TI WORLING ADDRESS 256. REGISTRAR'S SIGNATURE 25a. REC'D 8Y REGISTRAR miantes F.J. Collins, 3821-14thSt.N.W. Wash.DC VR A15 (4) 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH



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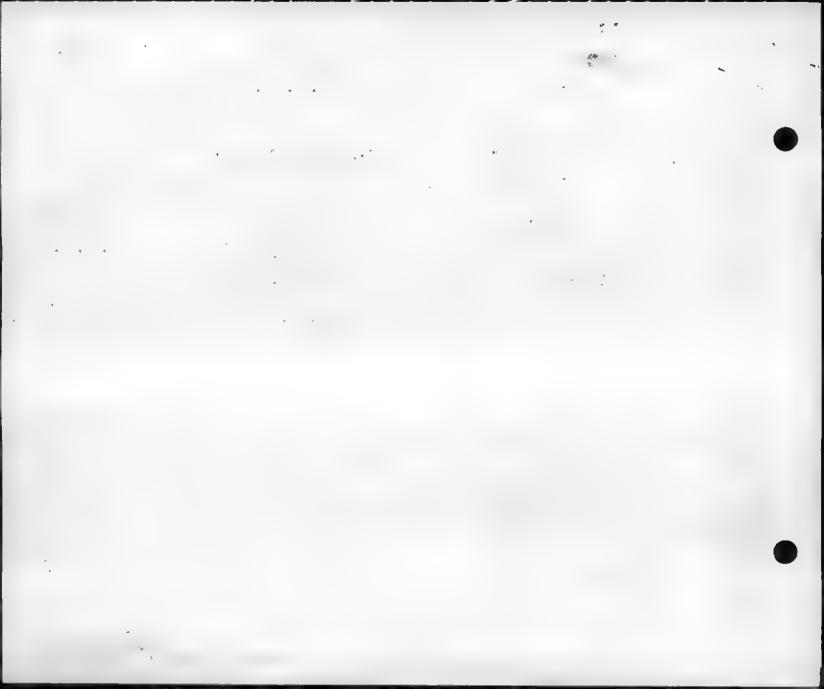
		1111-117	I PLAN	ID SIMIL	D 10 1	4-16.00	INTERNATION OF STREET			
ivisian	of STATISTICAL	RESEARCH	AND	RECORDS,	301	W.	PRESTON STREET,	BALTIMORE,	MARYLAND	21201

	04426		CERTIFICAT	E OF DEATH		114019
	PLACE OF DEATH Montgo	mery	MARYLAND	2 USUAL RESIDENCE (* STATES., Md.	Where deceased lived, if institution b. COUNTY MON	r Residence before admission)
	o. CITY OR TOWN (If autside write RURAL and give ne	wheaton		Silver	rtside corporate limits, write RURAI Spring	
			nospitol, give street oddress) (901 Arcole Ave.)	9400 Crosb	y Rd.	e is residence On a farm? Yes NO
	Type or print)	ara Thoma	s McIntyre	Lost	4. DATE Month OF March 7,	1/
5. 5			MARRIEO NEVER MARRIED	8 DATE OF BIRTH 1/19/1877	11 11 11 11 11 11 11 11 11 11 11 11 11	Manths Days Haurs Min
darı	USJAL OCCUPATION (Give killing most of working life, even CLERK	nd of work dane of retired)	10b KINO OF BUSINESS OR INDUSTRY	Kentucky	& State, or foreign country)	12 CITIZEN OF WHAT  TOUNBY? A.
13.	FATHER'S NAME William We	lker		14. MOTHER'S MAIDEN Selby Harv	еу	
IS. (Ye:	WAS DECEASED EVER IN U.S s, no, or unknown) (If yes go No	ARMED FORCES? ve wor or doles of serv	ical	INFORMANT Robt. V. Mc	9400 940 Silve	crosby Rd.
	PART I DEATH WAS	ter only one couse per CAUSED BY. AMEDIATE CAUSE (o) DUE TO	r line for (q), (b) and (c)) Acute cerebral	throm bos		NTERVAL BETWEEN ONSET AND OEATH
	Conditions, if any, which grise to immediate cause stating the underlying colors.	(b) (o), ouse } DUE TO(c)				
ATION	PART II OTHER SIGNIFICAN	Diabete	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	PERFORMEO?  YES NO
MEDICAL CERTIFICATION	200 ACCIDENT WAS JNDERL OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL	E OF OEATH	205 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item IB }	
MEDICAL	20x. TIME OF INJURY Mon Hour a.m. p.m.	ith, Doy, Year 19		ACE OF INJURY (Hame, forn ctary, street, affice bldg., etc.		(County) (State)
	21. I certify that saw the deceases	n.//	) attended the deceased from_ arch 7 1966, and th	1956, at death accurred at	19, to March 7 530 P.M., fram causes ar	, 19 <u>66</u> , that (I) (we) last nd on the date stated above
	22a SIGNATURE Senn	1966				
	22c. PHYSICIAN'S NAME (Type)	ennet 1	A. Porter Jr., M.		sville Rd., Silv	rer Spring, Md.
L	BURAL, CREMATION, REMOVAL (Specify) Burlal	23b. DATE THEREOF 3/10/6	6 Glenwood (	Cemetery	Washington	D.C.
74	FUNERAL OIRECTOR Robert	A. Pumpl	hrey Bethesda.	0.00		strars signature

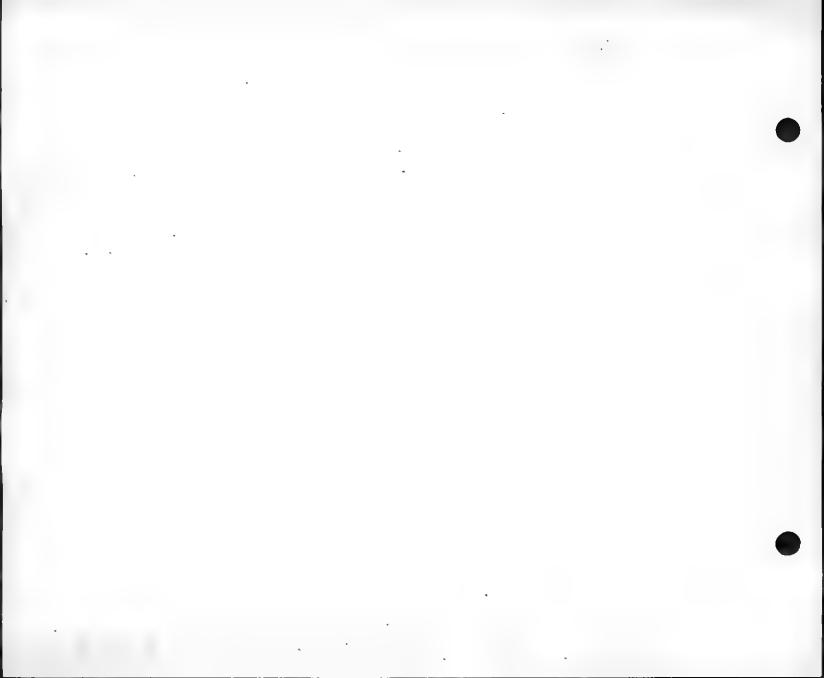
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to bur.al, cremotion, or remavol, and in any premit, within 72 hours after death

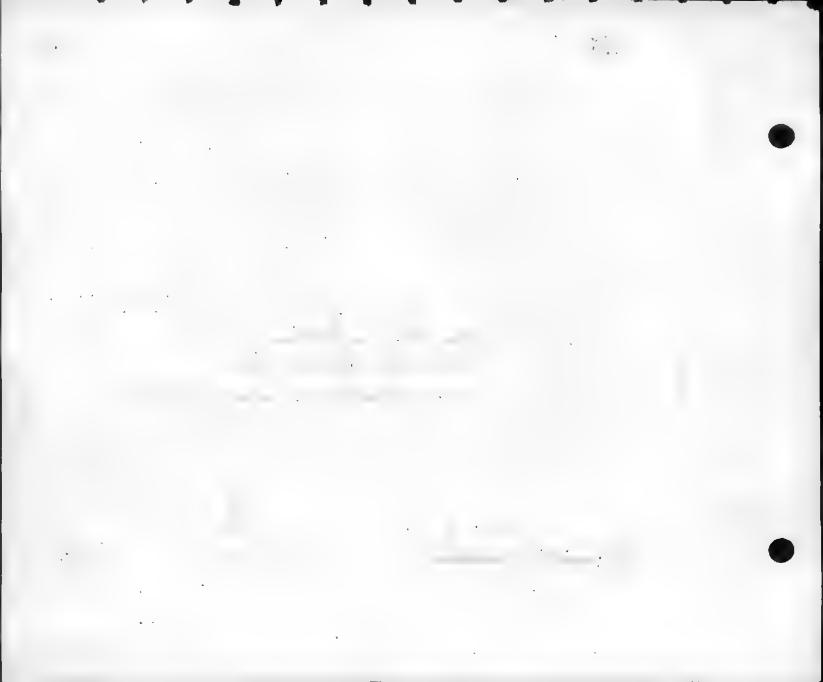
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VR A15 (4) 20 M 1/66



Items 18&21 Film G375 4 MARYEANDESTATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04032 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death funeral s 1 and ter deat 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY S carban papers Pages I ent, within 72 hours after CLENGTH OF STAY IN 16 outside corparate limits, write RURA, and give negrest town IS RESIDENCE ON A FARM? NO K NAME OF Middle DATE OF DEATH DECEASED (Type or pnnt) AGE (In veors S SEX X 7 MARRIED **NEVER MARRIED** last birthdoy) Hours WIDOWED DIVORCED KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY burial, cremation, ar remaval, 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, pe, or unknown) [If yes give wor or dotes of service] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Infarction IMMEDIATE CAUSE (o) DUE TO due to pulmonary emboli Conditions, if only, which gove rise to immediate couse (o), DUE TO stoting the underlying couse due to thrombophlebitis. left leg WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION of Heolth YES X NO **MIRECTOR:** After this certificate be retained by the haspital ar 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg , etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 2/25, 19 65, to 3/7, 19 65 that (I) (we) lost saw the deceased alive an 3/4, 19 65, and that death accurred at 9/384M, from causes and on the date stated obave. saw the deceased alive on. 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS DIRECTOR 22c PHYSICIANS 22d. ADDRESS O FUNITAL MAME (Type) II. Thistlethwaite 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, B REMOVAL (Specify) 3/7/66 Silver Spring, Md. Gate of Heaven 2So REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Tyson Wheeler 1331 Rockville Pike, Rock., Md



+

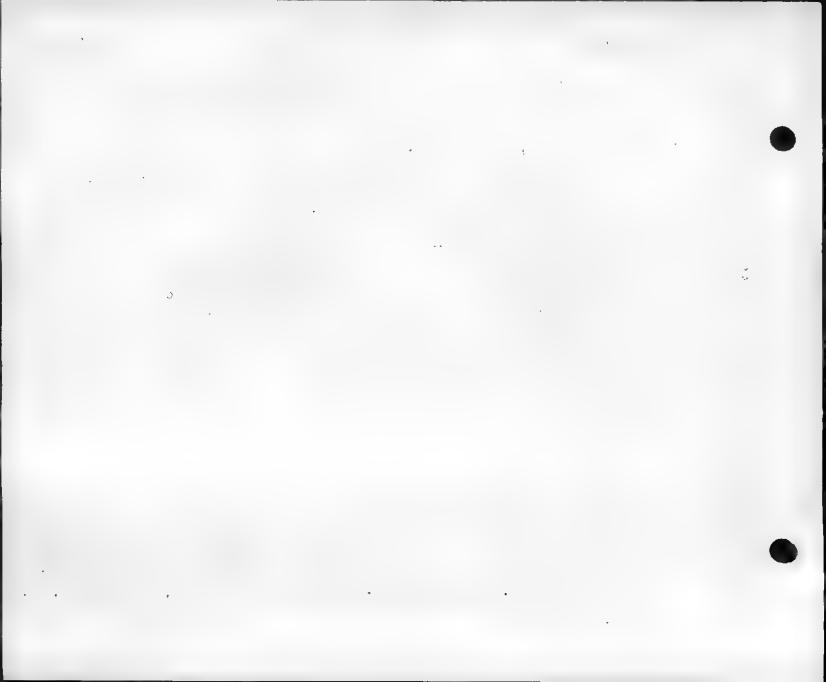
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificats be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, it restitution; residence before nomission)
Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Washington Grove 7 years	Washington Grove
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  0. IS RESIDENCE ON A FARM?
Ridge Road	Ridge Road YES NO 18
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) hurston Byers Rhyern	Miller Death March 26 19 66
7. MARKIED HEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	3 Mug 1042 /3 yes.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired) UNDUSTRY.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Cometting magistrate Police Dept.	Williamsport, Maryland U. S. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walker Miller	Leila Byers
(Yes, no. or unknown) ((Evernive war or dates of service)	INFORMANT Ridge Road
yes WW 11 223-38-1125 Gra	inces E. Miller Washington Grove, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) // Ten comments	lerous rear man
4. DUE TO Seizcan	- azutili
Conditions, If any, which ) (b)	CA 24000
gave rise to immediate ( cause (a), stating the DUE TO	
underlying cause last. (c).	
PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 Osteoly te Carenous	- A mulity municipy YES NO Z
PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO C	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour s.m. While Not While p.m. 19 at work at work	ry, street, omcabiug., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Occ 1965 to 3 - 26, 1966, that (1) (we) last
saw the deceased alive on 3 - 2 J 1966 and that	t death occurred ab
22a SIGNATURE	22b. DATE SIGNED
Josh Ir humallely M.C.	ATTENDING MED. STAFF 3-26-66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Jack Schumacher II. U.	105 Russell Ave., Gaithersburg, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S BURIAL (Specify) 30 March 1966 Arlington Nat	
24. FUNERAL DIRECTOR Glen Carly 8434 Georgia Au	enue 25aREC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc. Silver Spring.	Maryland 18 31 1966 Polisiles Judge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 hours after death. and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY within 72 hours after Montgomery Campbell MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Bethesda Lynch Station 98 days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 Route # NO X 1. Box 123 etely death certificate be executed within bon, Middie Last 4. DATE Month DECEASED remove crib n any event, 66 (Type or print) Ronald Dave Mitchell DEATH March 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthday) | Months | Days 12 May 1953 WIDOWED DIVORCED | Male White has been signed by the attending physician as the burial-trans, permit. Then please reprior to burial, cremation, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? USA Student Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin Douglas Mitchell
15. WAS DECEASED EVER INU.S. ARMED FORCES? Barbara Lee Powers 17. INFORMANT The Medical Recordess 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) The Clinical Center, Bethesda, Maryland 20014 None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema The law requires that the or attending physician. 2 Hours **DUE TO** (b) Congestive Heart Failure 24 Hours Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the (c) Acute Myelogenous Leukemia 4 Months underlying cause last. FUNERAL DIRECTOR: After this certificate has rector, page 3 should be detached for use as ould be flied with the State Dept. of Health pric CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES I NO T O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 65 to March 2 21. I certify that \$0 (this hospital) attended the deceased from Nov. 24 \_\_\_\_ 19\_66, that (NY (we) last 19 66, and that death occurred at 11:5% from the causes and on the date stated above. saw the deceased alive on March 2. 22a, \_SIGNATURE 22b. DATE SIGNED ATTENDING MFD. DIRECTOR PHYS. 2 March 1966 M.D. PHYS. PHYSICIAN'S 22d. TO FUNERAL director, p should be 1 Clinical Center, National NAME (Type) Godwin. Jr., MD. Institutes of Health, Bethesda, Md. 20014 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) BEMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64



MARYLAND

C LENGTH OF STAY IN 16

Middle

NEVER MARRIED

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10)

10b KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.

INDUSTRY

NIODLIN

wenneruly!

at work

20d INJURY OCCURRED

Not While

DIVORCED

Idays

CERTIFICATE OF DEATH

rision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

d STREET ADDRESS

B. DATE OF BIRTH

17 INFORMAN

205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18

21. I certify that (1) (thus hospital) attended the deceased fram accurred at 1965, to flerely, 1966, that (1) (we) last saw the deceased alive an accurred at 1966, and that death accurred at 1966, M, fram causes and an the date stated above.

20e PLACE OF INJURY (Home, form,

factory, street, affice bldg., etc.)

ATTENDING

22d. ADDRESS

Coerman

Indiane

MOTHER'S MAIDEN NAME

M	Div
IAI	04035
<u> </u>	1. PLACE OF DEATH

NAME OF

DECEASED

TOOLE

iost

MEDICAL

13 FATHER'S NAME

Type or pnnt

avmet 4

6 COLOR OR RACE

d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

DUE TO

DUE TO

IMMEDIATE CAUSE (6)

First

b CTY OR TOWN (if autside corporate imits, write RURA) and give nearest tawn)

Dubun ban

100 USUAL OCCUPATION (Give kind of work done

VOHK

4200

Canditions, if any, which gave rise to immediate cause (a),

stoting the underlying cause

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour am.

20c. TIME OF INJURY Month, Day, Year

IS WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, na, ar upknown) (If yes give war ar dates of service

PART I DEATH WAS CAUSED BY

T DYE

during most of working life, even if retired)

funeral 1 and ter death buriol, cremation, ar rem

signed by the buriol-tronsit p be detoched for use as the State Dept. of Health prior to certificate TO FUNERAL DIRECTOR: After this director, page 3 should be detoc should be filed with the State Dep

GEORGE H.MITCHELL.M.D. DATE THEREOF 3/7/1966

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

4890-BATTERY LANE BETHESDA MD.

(City or town)

STAFF

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)

AGE (In years ast birthday)

c. CITY OR TOWN Aff outside corparate limits, write RuRAL and ve nearest 10wn)

4 DATE

11 SIRTHPLACE (County & State, or foreign country)

OF

DEATH

**b** COUNTY

Month

Address

ONLIN-SON- SAME

IF UNDER I YEAR

Doys,

12 C TIZEN OF WHAT

COUNTRY?

Months

(State)

IS RESIDENCE ON A FARM?

YES NO X

Haurs

INTERVAL BETWEEN

MONSET AND DEATH

19 WAS AUTOPSY

YES

(County)

22b. DATE SIGNED

PERFORMED?

(Stote)

19 66 6

JOSEPHS MEMORIAL SOUTH BEND INDIANA 256 REGISTRAR'S SIGNATURE Mr. Ha 2014 ADDRESS 2Sa REC'D BY REGISTRAR

M.D

and completely filled in by the fur remove corbon popers. Pages 1 in ony event, within 72 hours after

24 hours after deoth.

low requires that the death certificate

230 BUR AL, CREMATION REMOVAL (Specify) 24 FUNERAL DIRECTOR

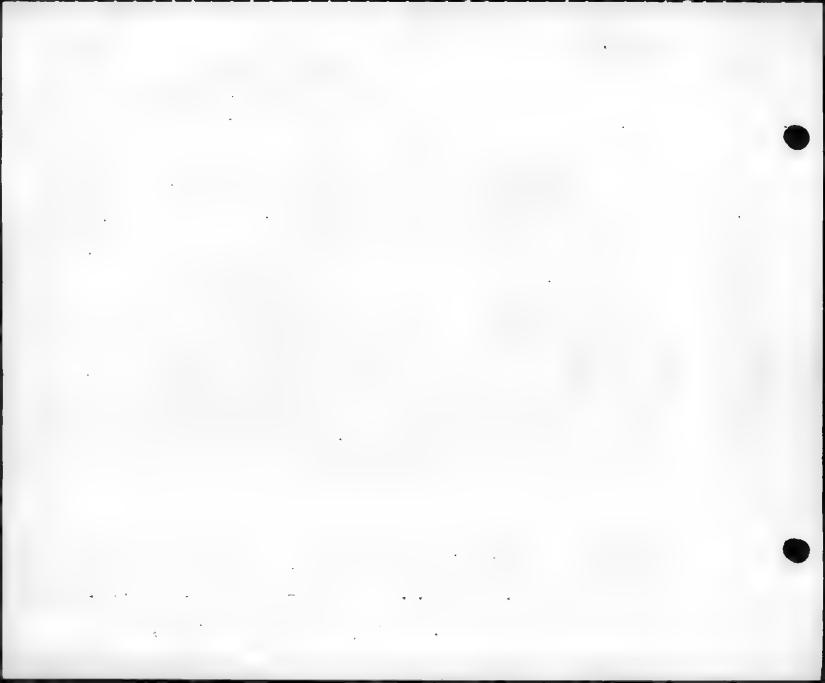
NAME (Type)

220 SIGNATURE

22c/PHYSICIAN'S

DIRECTOR

VR A15 (4) 20 M 1/66



TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed from 24 hours after death. Page 4 be retained by the hospital or attending physician.

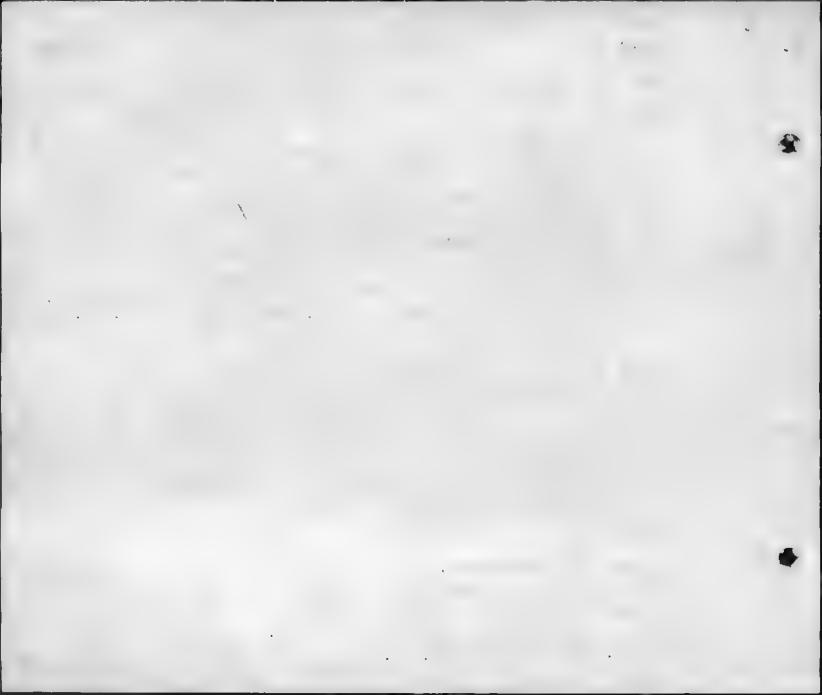
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MARYLAND STATE DEPARTMENT OF HEALTH

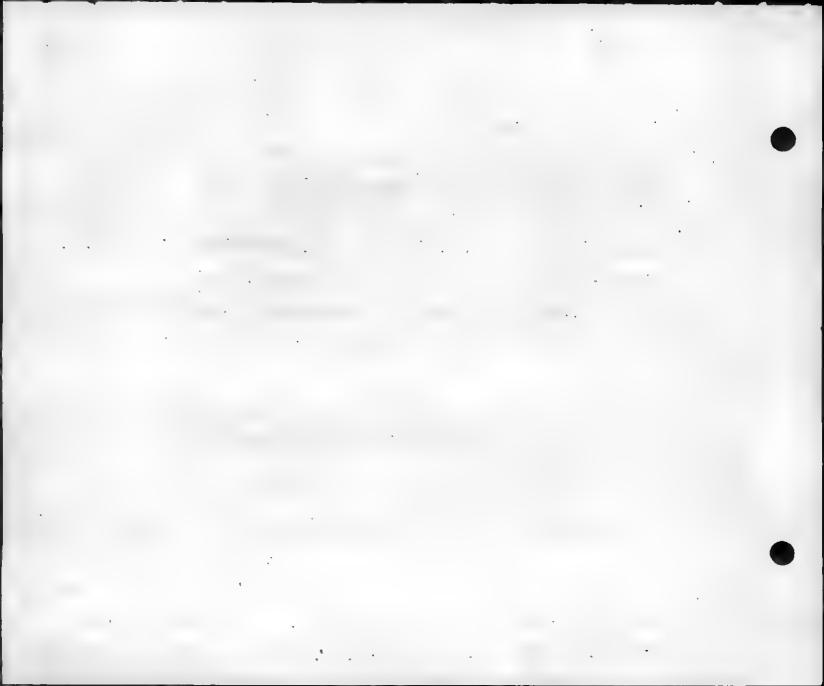
DIVISION OF STATISTICAL DESEABOU AND DECORDS 201 W DRESTON STREET BALTIMORY MADVI AND

STATISTICAL RESEAR	CENTIFICATE OF BEATH	O A o Sign
	CERTIFICATE OF DEATH	19026
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where dece	eased lived, If institutions Residence before admission
8. COUNTY	a. STATE	b. COUNTY M
	LENGTH OF STAY IN 16 1 C. CITY OR TOWN (I outside coroon	21 Congomery _
write RUBAL and give nearest town)	C. CITT ON TOWN LIT OUTSIDE COPPOR	ate limits, write RURAL and give near strown)
Betheso's	B ( hpur l A 25)	o /Hd. 15-1
d NAME OF HOSPITAL OR INSTITUTION (If not in hospita	d. STREET ADDRESS	e. IS RESIDENCE
Suburban Hospital	3611 7 homes	ON A FARM?
3. NAME OF First	Middle Lan 4. DATE	Month Day Year
DECEASED	m // OF	Ma- 111
	S MONTE DEATH	11104. 19 66
5. SEX 6. COLOR OF RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
WIDOWED [	DIVORCED 14 1891	yrs. Q O (
10a. USUAL OCCUPAT ON (Give kind of work 10b. KIND	OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County &151 , or to	TOTAL COUNTRY) 12. CITIZEN OF WHAT COUNTRY
done during most of working I'fe, even if retired)	tired (1) 1 . 7	7011151
rroperty manager_	DOG SNINGTON.	D.C. U.J. 7.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
CALWAR VIOL	n/er Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 1 17. INFORMANT	Address 3
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)		611 Thornapple St.
18. CAUSE OF DEATH [Enter only one cause per line	1-07-6077 Hilda R. Mohler C	hevy Chase, Md.
PART I. DEATH WAS CAUSED BY:	(a), (b), and (c),	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ebral Insummences	
DUE TO 1	//////	
Conditions, if any, which (b)	ofretation consinones	
gava rise to immediate causa	19210110 (01(17107711	
(a), stating the undarlying DUE TO		
cause last. (c)		
PART II. OTHER S.GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDIT ON GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED?
E Empliseno	and consisting hart to	Q/OND YES NO IV
208. ACCIDENT WAS UNDERLYING 1 206. DESCRI	BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I or	of Item 18.)
20a. ACCIDENT WAS JADERLYMAG J 20b. DESCRI	N Pares	
	None	
	JRY OCCURRED 20e, PLACE OF INJURY (Home, form, 20t. (City of Mot While factory, street, office bldg., etc.)	or town) (County) (State)
Hour a.m. p.m. 19 at work	at work	
21. I certify that (I) (this hospital) attended	the deceased from 4/11 1957 to	Dr. 5 19, that (1) (we) la:
2/4	1	
saw the deceased alive on	19 ( and that death occurred a)	the causes and on the date stated above
22a, S.G. ATURE	ATTENDING / MED.	STAFF 226. DATE SIGNED
John S /m/le	MD. PHYS. DRECTOR	PHYS. 3/14/66_
22c. /H/SICIAN S	22d. ADDRESS	1 00 01 001
GYAME (TYPO) JOHN B. U.	M. P. Du 8805 (ong. 1	tr. Cham hise Illd
23a. BURIAL, CREMATION, 23b. DATE THEREOF , 2	3c. NAME OF CEMETERY OR CREMATORY 1236, LOCAT	ION (City, town of county) (State)
REMOVAL (Specify)		(5.00)
Burlal   3/17/66		ington, Virginia -
24 FUNERAL DIRECTOR'S SIGNATURE		AR 756. REGISTRAN'S SIGNATURE
Robert A. Pumphrey Beth	lesda, Md. MAR 10 15	John John Jan

VR A15 (4) 15M 9/60



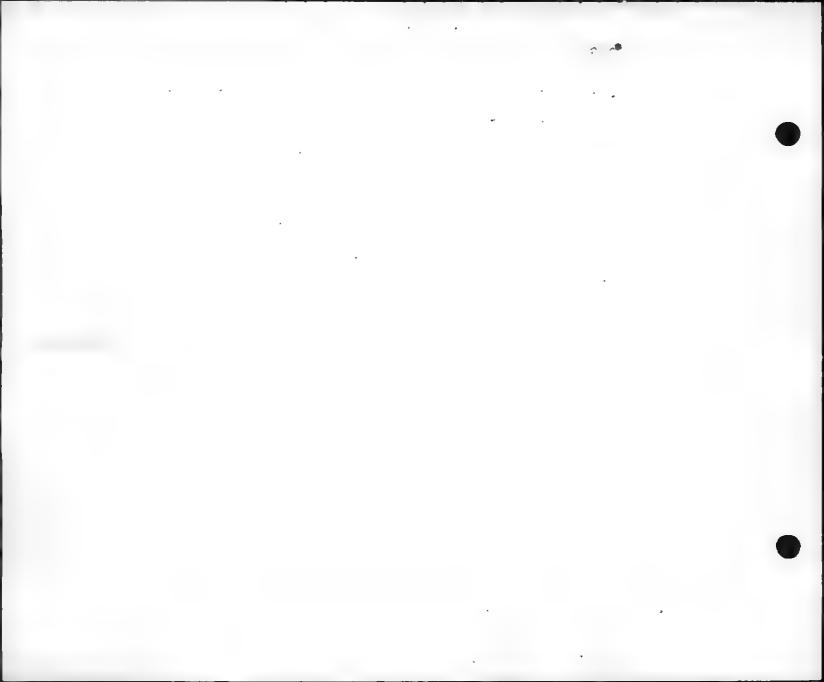
MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) Q. COUNTY COUNTY F Page death. MARYLAND delay 1 Deportment CITY OR TOWN If outside carparate c. LENGTH OF STAY IN Ib corporate in is write RURAL and puo 2, ond PM3 after 40241 d STREET ADDRESS S RES DENCE ON A FARM? hospital, give street address) hours with form ote NO R be executed within 24 hours ofter death within 72 } NAME OF M ddle DATE Day Year DECEASED ÔF G've (Type or print) DEATH 19 S. SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Days HOLIS Caucasian D VORCED ec. 31, 1893 Office event 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if ret red) INDUSTRY COUNTRY? 1,50 dny Ket/Sunt. ⊑ Morgan County
14 MOTHERS MAIDEN NAME Examiner's pages 13. FATHER'S NAME pencil .5 Joseph Clarde Moore Nellie Dol and 13 WAS DECEASED EVER NILS ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT or removal. (Yes, na, ar unknown) (If yes give war ar dates of service IB CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY OUSET AND Massive subarachnoid and intraventricular IMMEDIATE CAUSE (a) This certificate should icate, writing the word be forworded to the Cl 4504 cremation, DUE TO Conditions, if any, which gave hemorrhage (b) rise to immediate couse (a), DUE TO 0 stoting the underlying cause used as burial, c last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO ogent, prior to 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 3 should should PRIMARY Or CONTR BUTING **CAUSE OF DEATH** 20c TIME OF NULRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm 20f (City or fown) (Caunty) (State) Hour am While factory, street, affice bldg, etc.) Not While FUNERAL DIRECTOR: Poge Page at wark at work L 10 FUNERAL DIRECTOR; Po Health or its designoted 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection Inquiry and in my apin on Natural causes X funeral director death resulted from: Accident. Suicide Homicide Undefermined manner retoined CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED SIGNATURE O DEPUTY EXAMINER'S NAME (Type) Town, or county) the 23c. NAME OF CEMETER 23a. BURIAL, CREMATION 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) DI. mostile Ond: ina Cemeteru 2Sb REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

5/MARYLAND STATE DEPARTMENT OF HEALTH

Items 18&21 Film G376



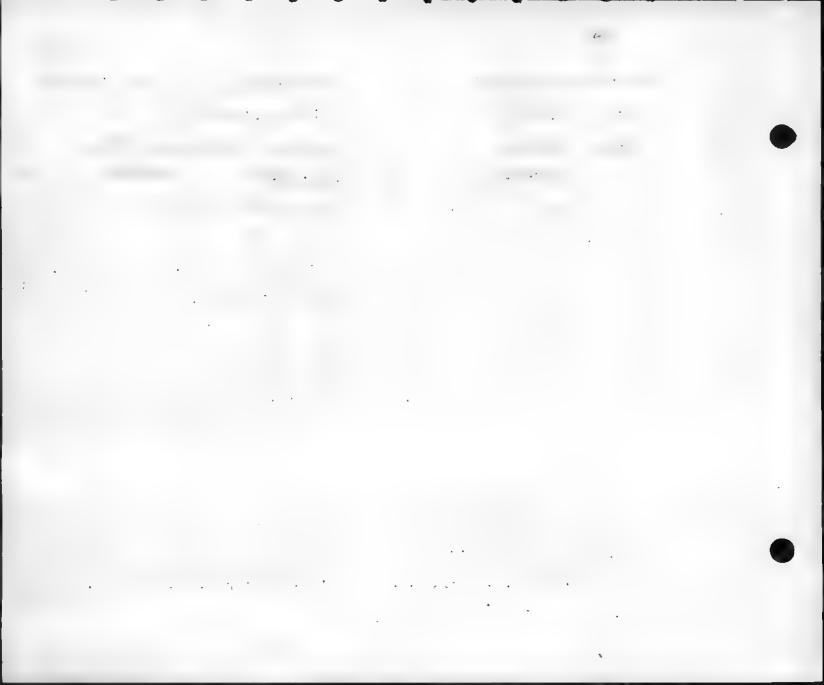
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plays day, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit mirmit. Them please canbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Turany event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	04033	,		CERTIFICAT	E OF DEATH	1		14029		
ī.	PLACE OF DEAT a. COUNTY	н	- 4		a STATE	CE (Where deceased lived, If b. CO		dence before admission)		
_	h CITY OR TOW	N (if outside corpo		MARYLAND c. LENGTH OF STAY IN 1b	MARYLAN	/ I A	MONTB			
	write RURAL	, and give nearest	town)	C. CENGIN OF SIAT IN 10	l ad		MILIO KOKAL MI	a Bine licetest routh		
3	d. NAME OF HO	SPR 114	IG   TION (if not in hos	pital, give street address)	d. STREET ADDRESS	16 TON	/	6. IS RESIDENCE		
	HOL)	1 00	55	p	4219	KNOWLE	S AUE	ON A FARM? YES NO P		
3.	NAME OF DECEASED (Type or print)	RAG	First PHEL	Middle .	Last MULARKEY	4. DATE MOI OF DEATH	nth PACH	Day Year		
5.	SEX	6. COLOR OR RAC			8. DATE OF BIRTH		s IF UNDER 1 Y			
	F	W	WIDOWED	P	2-8-7	1 gast birthday 2 yrs.	(Hondia) ba	ays Hours Min.		
du	ring most of work	TION (Give kind of we king life, even if ret	ired) 10b. KIN	D OF BUSINESS OR DUSTRY	11, BIRTHPLACE (C	ounty & State, or foreign coun		ZEN OF WHAT		
13	FATHER'S NAM			11 /	14. MOTHER'S MAIL	DEN NAME	-	. 1		
	John	n Da	VIA N	Theeler	M27-2	1 @ / ZLI	つから:	26/1		
I! (Y		EVER IN U.S. ARMED (If yes give war or dat		5-54-5/97	Dame P	Mularkia 95	luce /s	Sarle Md		
	18. CAUSE OF	DEATH [Enter only	one cause per line	e for (a), (b), and (c),]				INTERVAL BETWEEN		
		EATH WAS CAUSED IMMEDIATE CAU	BY:	nhiasclera	dias			ONSET AND DEATH		
	446 X DUE TO O									
	Cenditions, If	any, which }	( )	uralized a	terioscher	sis		20 4RS		
	gave rise to cause (a), s underlying cause	tating the D	UE TO Acc	ite cholers	eptites un	ih Chaletu	thrain	14/ DAYS		
CERTIFICATION	PART H. OTHER	SIGNIFICANT CONDI		ING TO DEATH BUT NOT REL	WED TO THE TERMINAL O	DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
IFIC	20a, ACCIDENT	WAS UNDERLYING	□   20b. DE	SCRIBE HOW INJURY OCCI	IRRED. (Enter nature of	Injury in Part I or Part II	of Item 18.)	TES NO		
	OR CONTRIBUT	ING CAUSE OF D TIFY MEDICAL EXA	EATH		oman famos monos se	,,	we from work			
MEDICAL	20c. TIME OF Hour a.i	(NJURY Month, Da		facto	CE OF INJURY (Home, fa		(Count)	y) (State)		
ME	р.		19   While at work	Not While at work	, ,	, /				
	21. I certify/that (I) (this hospital), attended the deceased from 3/1/66, 19, to 3/11/66, 19, that (I) (we) last									
	saw the de		d on the date stated above.							
	228. SIGNATURE  ACTUES OF THE MED. STAFF JULY 3/11/66.									
	22c. PHYSICIA NAME (T)	uno) //	C. Scrugg	s. M.D.	5413 Ceda	r Lane, Bethe	sda. Md	7		
23	BURIAL CREW	MATION, 23b. DA)		23c. NAME OF CEMETER		23d LOCATION (City.				
	Butier 3/15/66 Bosque Bello Com Jernandina Brock Tha									
24	FUNERAL DIRE		3 From 1	ADDRESS	25a. REC		REGISTRAR'S	SIGNATURE		

1966

VR A15 (4) 1/65



Items 18&21 Film G375 4/4MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, finishiption Residence before odmission) o COUNTY Poge 5 death. montgomer ITY OR TOWN I outside corporate mits, worte RUBAL and give nearest town CLENGTH OF STAY IN 16 e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (finat in hospital, give street address) d STREET ADDRESS form Thours Office plang with 3 NAME OF DATE Month DECEASED (Type or prnt) S SEX AGE ( n yeors FUNDER 1 YEAR UNDER 24 HRS × last b rthdoy) Months Doys Hours pages land 2 v in any event i 106 K ND OF BUSINESS OR 12 CITIZEN OF WHAT OWN HOME during most of working fe, even if retired) COUNTRY ? mortana 13 FATHER S NAME rd pending" in pencil in Chief Medicol Examiner's 14. MOTHER S MAIDEN NAMI within gud 15 WAS DICEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO executed unknown) (If yes give wor or dotes of service) removal, None CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) INCERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Acute coronary insufficiency used as a burial-tra burial, cremation, a This certificate should the certificate, writing the word Conditions, if ony, which gove (b) accompanied by metastatic carcinoma of breast 0 nse to immediate cause (o), DUE TO stoting the underlying couse forworded la st PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO. pe 0 the funeral director. Page 4 should be f 5 may be retained for yaur files TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to should be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCCURRED (Enter nature of mury in Port I or Port II of Irem 18) PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH 20c I.ME OF INJURY Month, Day, Year 20d M. JRY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that I took charge of the remains described above, held an Autopsy inspection X Inquiry X and in my opinion death resulted from Natural causes Hamicide Accident Suicide Undetermined manner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY **EXAMINER'S** DELDEN Address (Street, City, Town, or county) NAME (Type)

23c NAME OF CEMETERY OR CREMATORY

Parklawn Cemeteru

Silver Spring.

Inc.

23d. LOCATION (City or Town)

2So REC'D BY REGISTRAR

(County)

Maruland

25b REGISTRAR S'S GNATURE

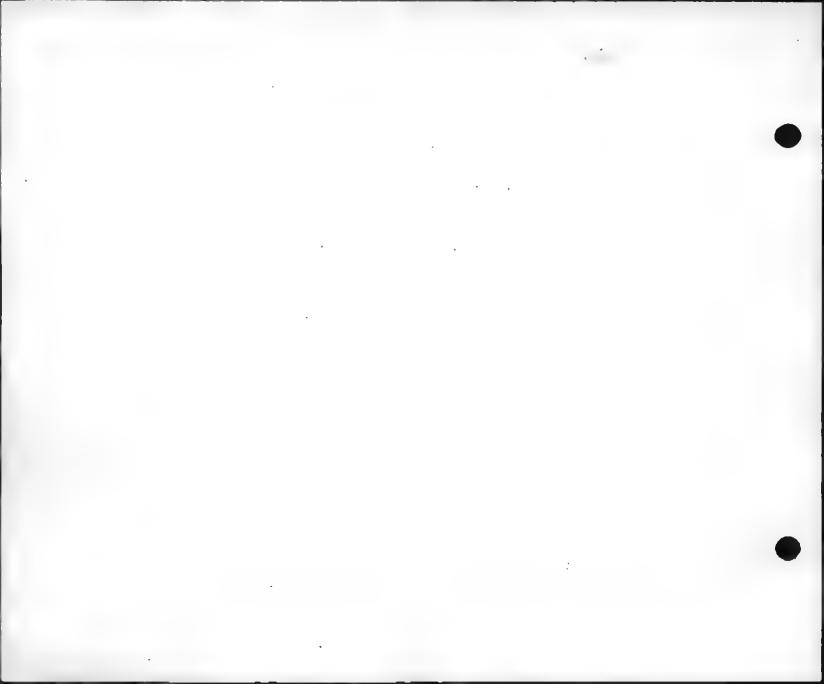
(Stote)

VR ATSME (Q) 6M 1/66

230 BURIAL CREMATION.

24 FUNERAL DIRECTOR.

REMOVAL (Specify)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-											
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY									
	Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery									
	b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b			ite RURAL and give nearest town)							
	write RURAL and give nearest town)  Retherds  Thes.	Be	thesda	15-1							
	d. NAME OF ROSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE							
	Suburban	8210 Moorland Lane									
3.	NAME OF First Middle	Last	4. DATE Mont	h Oay Year							
	DECEASED (Type or print) Mary T.	Murphy	DEATH 3	3 19 66							
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH	9. AGE (In years	LIF UNDER 1 YEAR HE UNDER 24 HRS.							
	F Cau. WIDOWED DIVORCED	2/11/87	last birthday) 85 yrs.	Months Days Hours Min.							
10a	USUAL OCCUPATION (Give kind of work done   10b, KIND OF RUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country	1) 12. CITIZEN OF WHAT							
aur	ing most of working life, even if retired) INDUSTRY HOUSEWIFE	C Vanner Trad and LICA									
13.	FATHER'S NAME	C. Kerry, IreLand   USA									
	Companies Companies	24 02									
15	Cornelius Carmody . Was DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Mary Shea INFORMANT Address									
	es, no, or unkown) (if yes give war or dates of service)										
		Mary J. Whi	teomb Same	as above							
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	*		INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UNIVERSAL DEATH  ONSET AND DEATH										
	4500										
	Conditions, If any, which ) (b) Conditions (	des gens	Mital								
	gave rise to Immediate cause (a), stating the DUE TO										
NO	underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY										
FER TO YES THE											
E	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	Charles .									
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		7								
SAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fai	m, 20f. (City or town)	(County) (State)							
EDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)										
S D.III. 13 (at work ) 477											
21. I certify that (i) this hospital/attended the deceased from											
	saw the deceased alive on 19/0, and that	22b. DATE SIGNED									
	ATTENDING - MED STAFF - 3 /2//										
	22c, PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS. 1										
	NAME (Type) RR 110 thy 1222 Monrail 175										
23a. QURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)											
REMOVAL (Specify) 3-7-66 M1. Oliver Wash, DC											
24. FUNERAL DIRECTOR ADDRESS 258, REC'D BY REGISTRAR'S SIGNATURE											
Thomas B. Standan 4748 Hisc ave Mabare 1968 flances Judge											
440		Contract									

VR AI5 (4) 20M 1/65 660 1.00 72 2 2 1 and the same of th easing to the same of the E711 C-11 . . .

death. funeral death after Page oon papers. Pag within 72 hours Hours Ē filled letely carbon event, compl executed 9 remov = 2 യ ě certificate attending 0 death cremation, the has been signed by to as the burial-transit prior to burial, crama or attending physician, The law requires that has his certificate trached for use Dept. of Health for use Health use PHYSICIAN: Ξ det e After ATTENDING retained v 0 DIRECTOR: age 3 should lied with the page FUNERAL D Page 4 may HOSPITAL director, p

VR A15 (4) 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04042 CERTIFICATE OF DEATH PLACE OF DEATH a. CDUNTY a. STATEMaryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Gaithersburg 6 days Olnev d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Montgomery General Hospital Rt. 1. Box 138 NAME OF First Middle Last DATE DECEASED DFATH Elsworth Murray (Type or print) James 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED X NEVER MARRIED 7-15-16 Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Bethesda. Maryland Supervisor of Lab. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Stewart Columbus Murray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. to Vs saw the deceased alive on. and that death occurred at 224. SIGNATURE ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 226. PHYSICIAN'S 22d. ADDRESS NAME (Type) Jack Schumacher, 23c. NAME OF CEMETERY DR CREMATORY 23b. DATE THEREOF 2

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? ND T YES Month Year 3-10-66 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last\_birthday) | Months | Days Hours I 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? TISA Address H ospital Admission Record INTERVAL BETWEEN ONSET AND DEATH N 61.7 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ND F-20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) (State) 2Df. (City or town) (County) M. from the causes and on the date stated above. 22b. DATE SIGNED 3-10-66 Gaithersburg, Maryland BURIAL, CREMATION, REMOVEL ISSUED BUTISI 23d. Lay tons ville, Ma. (State) FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Rockins

MARYLAND STATE DEPARTMENT OF HEALTH

\$800±0... to the second The second the fact of the fa Virtual Paris and Transfer in the feet PARTY OF THE March 12 hard and the control of the All and a second part of the sales of the sales